

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90052 020 \*\*\*\*70.00

**DOCUMENT # 769565**

1. Corporation Name

**SENIOR P.G.A. TOUR SPONSORS' ASSOCIATION, INC.**

440957 - 90052 - 20

Principal Place of Business

**13000 SAWGRASS VILLAGE CIRCLE  
STE. 37  
PONTE VEDRA FL 32082  
US**

Mailing Address

**13000 SAWGRASS VILLAGE CIRCLE  
STE. 37  
PONTE VEDRA FL 32004-1535  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

23. City & State

24. Zip 25. Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

27. City & State

28. Zip 29. Country

3. Date Incorporated or Qualified

**07/26/1983**

4. FEI Number

**59-2483547**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**MANNING, L  
1300 SAWGRASS VILLAGE CIR  
STE 37  
PONTE VEDRA FL 32082**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANTRAM, DENNY</b>	
STREET ADDRESS	<b>16002 N DALE MABRY HIGHWAY</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JALESKI, M A</b>	
STREET ADDRESS	<b>ONE PRESIDENTIAL BLVD, STE 401</b>	
CITY-ST-ZIP	<b>BALA CUNWYD PA 19004</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>RUSSELL JACK</b>	
STREET ADDRESS	<b>25 MELVILLE PARK RD</b>	
CITY-ST-ZIP	<b>MELVILLE NY</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAVNER, HOLLIS</b>	
STREET ADDRESS	<b>8990 SPRINGBROOK DR.</b>	
CITY-ST-ZIP	<b>COON RAPIDS MN</b>	
TITLE	<b>O</b>	<input type="checkbox"/> DELETE
NAME	<b>MANNING, L</b>	
STREET ADDRESS	<b>1300 SAWGRASS VILLAGE CIR 37</b>	
CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MELE, PETER</b>	
STREET ADDRESS	<b>1861 SUDBURY RD</b>	
CITY-ST-ZIP	<b>CONCORD MA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CHARLIE BARON</b>	
1.3 STREET ADDRESS	<b>JAMES CASHMAN II GOLFHOUSE - 16800 Village Cir. Center</b>	
1.4 CITY-ST-ZIP	<b>LAS VEGAS NV 89134</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JALESKI, MA</b>	
2.3 STREET ADDRESS	<b>SAINT LEONARD'S COURT - 3819 33 Chestnut St #330</b>	
2.4 CITY-ST-ZIP	<b>PHILADELPHIA, PA 19104</b>	
3.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>KEZZIAR, MARK</b>	
4.3 STREET ADDRESS	<b>8777 N. GAINES DR.</b>	
4.4 CITY-ST-ZIP	<b>SCOTTSDALE AZ 85258</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>BILL PAUL</b>	
6.3 STREET ADDRESS	<b>1333 DORAL DR.</b>	
6.4 CITY-ST-ZIP	<b>ORVILLE, ONTARIO, CANADA L6J 4Z3</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate I on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**L. Manning**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0001267