2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769565

FILED Apr 29, 2008 Secretary of State

Entity Name: CHAMPIONS TOUR TOURNAMENT ASSOCIATION INC

Current Principal Place of Business:				New Principa	New Principal Place of Business:		
13000 SAWGRASS VILLAGE CIRCLE STE. 37					13000 SAWGRASS VILLAGE CIRCLE		
PONTE VEDRA BEACH, FL 32082 US					STE 37 PONTE VEDRA BEACH, FL 32082 US		
Current Mailing Address:				New Mailing	New Mailing Address:		
13000 SAWGRASS VILLAGE CIRCLE					13000 SAWGRASS VILLAGE CIRCLE		
STE. 37 PONTE VE	EDRA BEACH	, FL 32082	US	STE 37 PONTE VEDR	A BEACH, FL 32082 US		
FEI Number:	59-2483547	FEI Number	Applied For ()	FEI Number Not Applicab	le () Certificate of Status Desired ()		
Name and	Address of C	Current Regis	tered Agent:	Name and Ad	dress of New Registered Agent:		
MANNING, 13000 SAV STE 37	, LANA VGRASS VILL	AGE CIR					
	EDRA BEACH	, FL 32082 U	s				
	named entity : e of Florida.	submits this st	tatement for the pu	rpose of changing its re	egistered office or registered agent, or both,		
SIGNATUF							
	Electror	nic Signature c	of Registered Ager	nt	Date		
OFFICERS	S AND DIREC	TORS:		ADDITIONS/0	HANGES TO OFFICERS AND DIRECTORS		
Fitle: Name: Address: City-St-Zip:	HAWK, AMY) Delete SHORE BLVD., :	5TH FLOOR	Title: Name: Address:	() Change () Addition		
5.t.y Ot 2.p.		007 00		City-St-Zip:			
Title: Vame: Address:	T/D () WEST, TRACY 20 MAIN ST., E ACTON, MA 01) Delete NT. D		City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip: Title: Name: Address:	WEST, TRACY 20 MAIN ST., E ACTON, MA 01) Delete NT. D 1720 US) Delete I USE DR.		Title: Name: Address:	() Change () Addition () Change () Addition		
Title: Name: Address: City-St-Zip: Vame: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	WEST, TRACY 20 MAIN ST., E ACTON, MA 01 D CORRELL, JIM 3791 CLUB HO CONOVER, NO	Delete NT. D 1720 US Delete USE DR. 28613 US Delete F DR., BLDG. T1		Title: Name: Address: City-St-Zip: Title: Name: Address:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Name: Address:	WEST, TRACY 20 MAIN ST., E ACTON, MA 01 D () CORRELL, JIM 3791 CLUB HO CONOVER, NC D () KLEIBER, JEFI SAS CAMPUS CARY, NC 275	Delete NT. D 1720 US Delete USE DR. 28613 US Delete E DR., BLDG. T1 613 US Delete OLBY ST, STE. 660		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition		

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANA MANNING ED 04/29/2008