

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007604

FILED
Mar 14, 2004
Secretary of State**Entity Name:** FLORIDA SINGLES GOLF ASSOCIATION, INC.**Current Principal Place of Business:**529 S. SUMMERLIN AVE
ORLANDO, FL 32801**New Principal Place of Business:**1937 CRYSTAL DOWNS CT
OVIEDO, FL 32765**Current Mailing Address:**529 S. SUMMERLIN AVE
ORLANDO, FL 32801**New Mailing Address:**1937 CRYSTAL DOWNS CT
OVIEDO, FL 32765**FEI Number:** 59-3691641**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DEBOARD, ROBERT
529 SOUTH SUMMERLIN AVE
ORLANDO, FL 32801**Name and Address of New Registered Agent:**MASTALER, ROBERT
14233 PARADISE TREE DR
ORLANDO, FL 32828

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT MASTALER

03/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEBOARD, ROBERT
Address: 529 S. SUMMERLIN AVE
City-St-Zip: ORLANDO, FL 32801

Title: TD () Delete
Name: WATSON, THOMAS
Address: 151 E. FAWSETT ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: VPD () Delete
Name: LEUERBERGER, PHYLLIS
Address: 11207 TORBERT COURT
City-St-Zip: ORLANDO, FL 32837

Title: SD () Delete
Name: DUFFEY, MARCIA
Address: 937 BIRMINGHAM COURT., #203
City-St-Zip: LAKE MARY, FL 32746

Title: VPD () Delete
Name: WILLIAMS, LINDA
Address: 528 SUN VALLEY VILLAGE #10
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MASTALER, ROBERT
Address: 14233 PARADISE TREE CT
City-St-Zip: ORLANDO, FL 32828

Title: TD (X) Change () Addition
Name: PETERSON, MAE C
Address: 1937 CRYSTAL DOWNS CT
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change () Addition
Name: FISHER, CAROLYN
Address: 2618 BRECCA CT
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAE C PETERSON

TD

03/14/2004

Electronic Signature of Signing Officer or Director

Date