

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90077 021 \*\*\*\*61.25

**DOCUMENT # N00000007604**

1. Entity Name  
**FLORIDA SINGLES GOLF ASSOCIATION, INC.**



Principal Place of Business

**1937 CRYSTAL DOWNS CT  
OVIEDO FL 32765**

Mailing Address

**2618 BRECCA CT  
APOPKA FL 32712**

2. Principal Place of Business

**529 S. Summerlin Ave**

Suite, Apt. #, etc.

3. Mailing Address

**529 S. Summerlin Ave**

Suite, Apt. #, etc.

City & State

**Orlando FL**

City & State

**Orlando FL**

Zip

**32801**

Country

**USA**

Zip

**32801**

Country

**USA**

4. FEI Number **59-3691641**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PETERSON, MAE  
1937 CRYSTAL DOWNS CT  
OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name **Robert DeBoard**  
Street Address (P.O. Box Number is Not Acceptable)

**529 South Summerlin Ave**

City **Orlando**

FL

Zip Code

**32801**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert DeBoard, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/7/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ Delete  
NAME **FISHER, CAROYL**  
STREET ADDRESS **2618 BRECCA CT**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **TD** ☐ Delete  
NAME **WATSON, THOMAS**  
STREET ADDRESS **600 KNOWLES AVE. APT 7**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **PD** ☒ Delete  
NAME **PETERSON, MAE**  
STREET ADDRESS **1937 CRYSTAL DOWNS CT**  
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **SD** ☒ Delete  
NAME **TREDRAY, BEVERLY**  
STREET ADDRESS **4626 SADDLEWORTH CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **Robert DeBoard**  
STREET ADDRESS **529 S. Summerlin Ave**  
CITY-ST-ZIP **Orlando FL 32801**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Thomas Watson**  
STREET ADDRESS **151 E. Fawcett Road**  
CITY-ST-ZIP **Winter Park FL 32789**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Phyllis Leuenberger**  
STREET ADDRESS **11207 Torbert Court**  
CITY-ST-ZIP **Orlando, FL 32837**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Marcia Duffey**  
STREET ADDRESS **937 Birmingham Court #203**  
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Lynda Williams**  
STREET ADDRESS **528 Sun Valley Village #10**  
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas Watson, PRESIDENT**

**4/7/03**

CR2E037 (10/02)