2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000784

Entity Name: BEUHRING GOLF ASSOCIATES, INC.

FILED May 27, 2005 Secretary of State

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
3323 VALE TAMPA, F				
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
3323 VALE TAMPA, F				
	: 03-0394016	FEI Number Not Applicable() ceive the prior notice.	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
3323 VALE TAMPA, F	L 33618 US named entity submits this statement for the purp	pose of changing its register	ed office or registered agent, or both,	
in the State	e of Florida.			
SIGNATU	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete BEUHRING, LAURA R 3323 VALENCIA RD TAMPA, FL 33618	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete BEUHRING, JANICE L 18 TOWNSHIP RD. 1118 CHESAPEAKE,, OH 45619	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete SANCHEZ, VIVIAN SECRETA 3323 VALENCIA RD TAMPA, FL 33618	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete STEVENS, ANN TRUSTEE 720 BUNGALOW TERRACE TAMPA, FL 33606	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete FUGGLESANG, ASHLEY TRUSTEE 24019 TIMBERLAWN CT. LUTZ, FL 33559	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete STEVENS, MICHAEL DIRECTO 720 BUNGALOW TERRACE TAMPA, FL 33606	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LAURA BEUHRING P 05/27/2005