

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90028 010 \*\*\*\*61.25

<b>DOCUMENT # N04000002692</b> 1. Entity Name <b>THE GATOR SENIORS GOLF ASSOCIATION, INC.</b>					
Principal Place of Business <b>9952 SW 54TH LANE GAINESVILLE, FL 32608</b>			Mailing Address <b>9952 SW 54TH LANE GAINESVILLE, FL 32608</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3171336</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CONREY, ROBERT W 9952 SW 54TH LANE GAINESVILLE, FL 32608</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to, Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	S	BILLINGS, MARSHALL	5108 SW 88TH TERR GAINESVILLE, FL 32608		SECRETARY CONREY, Robert W
					9952 SW 54TH LN GAINESVILLE FL 32608
	VP	WALTERS, KENNETH	619 NW 98TH ST. GAINESVILLE, FL 32607		
	TD	CONREY, ROBERT W	9955 SW 54TH LN GAINESVILLE, FL 32608		TOURNAMENT DIRECTOR GILBERT + BARBER
	T	BROWNLEE, DONALD	9522 SW 50TH ROAD GAINESVILLE, FL 32608		3518 SW 92ND WAY GAINESVILLE FL 32608
	P	BROWNLEE, DONALD	9522 SW 50TH RD GAINESVILLE, FL 32608		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robert W Conrey</i>			1/8/2008      352-271-4466 <small>Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #</small>		