

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000005606**

1. Entity Name  
**SEMINOLE REGION CHARITY GOLF TOURNAMENT, INC.**



Principal Place of Business  
**20583 BOCA WEST DRIVE  
BOCA RATON, FL 33434**

Mailing Address  
**20583 BOCA WEST DRIVE  
BOCA RATON, FL 33434**



01152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4993916**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DIPIETRO, JAY  
20583 BOCA WEST DRIVE  
BOCA RATON, FL 33434**

**DO NOT WRITE  
IN THIS SPACE**

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

*Jay DiPietro*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-16-08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DIPIETRO, JAY
STREET ADDRESS	20583 BOCA WEST DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33427
TITLE	D
NAME	DIPIETRO, MICHAEL
STREET ADDRESS	8251 ABERDEEN DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	DD
NAME	MCCARTHY, MICHAEL
STREET ADDRESS	7201 ADDISON RESERVE BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000796194  
01/29/08-80023-006 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Jay DiPietro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/16/08*

Date

*561-488-6937*

Daytime Phone #