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Feb 19 1997 8:00am
Secretary of State• NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N07377 (7)**
1. Corporation Name
PASCO COUNTY SENIOR MENS GOLF ASSOCIATION INC.

Principal Place of Business

Mailing Address

P.O. BOX 2061
NEW PORT RICHEY FL 34656-2061P.O. BOX 2061
NEW PORT RICHEY FL 34656-20613. Date Incorporated or Qualified
01/09/19853a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RHODABECK, GENE
3532 NIBLUCK CT.
NEW PORT RICHEY FL 34655

81 Name

GEARY, John R.

82 Street Address (P.O. Box Number is Not Acceptable)

3915 Tidewater Rd

83

84 City

NEW Port Richey**FL**85 Zip Code
34655

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **John R Geary****Feb 13, 1997**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **O'BRIEN, JAMES E**
STREET ADDRESS **7730 CHERRYTREE LN**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **300002092633**
1.3 STREET ADDRESS **-02/20/97--01006--012**
1.4 CITY-ST-ZIP *****\$1.25**TITLE **V** ☒ DELETE
NAME **D'AGOSTINO, ANTHONY**
STREET ADDRESS **3733 PENRICK DR.**
CITY-ST-ZIP **HOLIDAY FL 34691**2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **Gibbons, George**
2.3 STREET ADDRESS **16311 LARSON LN**
2.4 CITY-ST-ZIP **Hudson, FL 34667**TITLE **S** ☐ DELETE
NAME **O'CONNER, EDWARD**
STREET ADDRESS **7246 MAPLEHURST DR**
CITY-ST-ZIP **PORT RICHEY FL 34668**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **T** ☒ DELETE
NAME **RHODABECK, GENE**
STREET ADDRESS **3532 NIBLUCK CT.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**4.1 TITLE **T** ☒ Change ☐ Addition
4.2 NAME **GEARY, John**
4.3 STREET ADDRESS **3915 Tidewater Rd**
4.4 CITY-ST-ZIP **NEW Port Richey FL 34655**TITLE **D** ☐ DELETE
NAME **LAVIGNE, EDWARD**
STREET ADDRESS **7501 HUMBOLT AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE **D** ☒ DELETE
NAME **GIBBONS, THOMAS**
STREET ADDRESS **9150 GOLF VIEW DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**6.1 TITLE **P** ☒ Change ☐ Addition
6.2 NAME **Streckler, Richard**
6.3 STREET ADDRESS **9239 Turnberry Ct**
6.4 CITY-ST-ZIP **NEW Port Richey, FL 34655**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **John R Geary** **REQUIRED****Feb 13, 1997****(813) 376-8312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0088200**

CR2E037 (9/96)