


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90020 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N07377					
1. Corporation Name PASCO COUNTY SENIOR MENS GOLF ASSOCIATION INC.					
Principal Place of Business P.O. BOX 2061 NEW PORT RICHEY FL 34656-2061			Mailing Address P.O. BOX 2061 NEW PORT RICHEY FL 34656-2061		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/09/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2484498	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GEARY, JOHN R 3915 TIDEWATER ROAD NEW PORT RICHEY FL 34655				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRECKER, RICHARD			1.2 NAME			
STREET ADDRESS	9239 TURNBERRY CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34655			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIBBONS, THOMAS			2.2 NAME			
STREET ADDRESS	4663 SECRETARIAT RUN			2.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34609			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'CONNER, EDWARD			3.2 NAME	PAUL Roby		
STREET ADDRESS	7246 MAPLEHURST DR			3.3 STREET ADDRESS	3274 LORI LANE		
CITY-ST-ZIP	PORT RICHEY FL 34668			3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEARY, JOHN			4.2 NAME			
STREET ADDRESS	3915 TIDEWATER RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34655			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAVIGNE, EDWARD			5.2 NAME	EUGENE Mc KEON, SR		
STREET ADDRESS	7501 HUMBOLT AVE			5.3 STREET ADDRESS	3300 LORI LANE		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655			5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TSARD, ROBERT			6.2 NAME			
STREET ADDRESS	2917 TROPHY BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34655			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)