

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2009  
Secretary of State**

DOCUMENT# N08000009295

Entity Name: MIAMI-DADE AND BROWARD PUBLIC GOLF COURSE ASSOCIATION, INC.

**Current Principal Place of Business:**

10500 TAFT STREET  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

10500 TAFT STREET  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 26-3528428      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAPONZINA, JOHNNY  
10500 TAFT STREET  
PEMBROKE PINES, FL 33026      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCP      ( ) Delete  
Name: LAPONZINA, JOHNNY  
Address: 10500 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DV      ( ) Delete  
Name: RISSMAN, LOUIS  
Address: 10500 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DST      ( ) Delete  
Name: POZZI, ALBERTO  
Address: 10500 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D      ( ) Delete  
Name: RUIZ, ERNIE  
Address: 10500 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D      ( ) Delete  
Name: BAETZEL, CHRIS  
Address: 10500 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D      ( ) Delete  
Name: BENDER, BRENT  
Address: 10500 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHNNY LAPONZINA

DCP

01/14/2009

Electronic Signature of Signing Officer or Director

Date