

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005471

FILED  
Feb 04, 2010  
Secretary of State

**Entity Name:** ST. LUCIE COUNTY AMATEUR GOLF ASSOCIATION INC.

**Current Principal Place of Business:**

4400 FAIRWINDS DRIVE  
FT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

4400 FAIRWINDS DRIVE  
FT PIERCE, FL 34946

**New Mailing Address:**

**FEI Number:** 27-0322446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BAUM, MATTHEW  
4400 FAIRWINDS DRIVE  
FT PIERCE, FL 34946 US

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

KURY, WILLIAM A  
3870 N. A1A  
UNIT 301  
FT PIERCE, FL 34949 US

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: WILLIAM A. KURY

02/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HANCOCK, BOB  
Address: 4400 FAIRWINDS DRIVE  
City-St-Zip: FT PIERCE, FL 34946

Title: VP  
Name: BARBARA, CREA J  
Address: 4400 FAIRWINDS DRIVE  
City-St-Zip: FT PIERCE, FL 34946

Title: ST  
Name: WILLIAM, KURY A SEC/TRE  
Address: 4400 FAIRWINDS DRIVE  
City-St-Zip: FT PIERCE, FL 34946

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM A. KURY

ST

02/04/2010

Electronic Signature of Signing Officer or Director

Date