

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12808

FILED
Jan 09, 2006
Secretary of State

Entity Name: SOUTH FLORIDA GOLF FOUNDATION, INC.

Current Principal Place of Business:

4400 NW 87 AVE
LODGE 8
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

4400 NW 87 AVE
LODGE 8
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 59-2666056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS-FITZGERALD, ABIGAIL C
C/O HUNTON & WILLIAMS, BARCLAYS FINANCIAL
1111 BRICKELL AVENUE, SUITE 2500
MIAMI, FL 33131 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: PD () Delete
Name: SHAFER, ROBERT J
Address: 4206 LAGUNA ST.
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: MAS CANOSA, RAMON
Address: 800 DOUGLAS RD., NORTH TOWER #900
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: STEINBAUER, JOHN
Address: 3785 NW 82ND AVENUE
City-St-Zip: MIAMI, FL 33166

Title: T () Delete
Name: WORLEY, J. HAYES JR.
Address: 9500 S. DADELAND BLVD., 2ND FLOOR
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SHAFER, ROBERT J
Address: 4400 NW 87TH AVE. LODGE 8
City-St-Zip: MIAMI, FL 33178

Title: DVP (X) Change () Addition
Name: MASCANOSA, RAMON
Address: 4400 NW 87TH AVE. LODGE 8
City-St-Zip: MIAMI, FL 33178

Title: DS (X) Change () Addition
Name: STEINBAUER, JOHN R
Address: 4400 NW 87TH AVE. LODGE 8
City-St-Zip: MIAMI, FL 33178

Title: DT (X) Change () Addition
Name: WORLEY, J. HAYES JR.
Address: 4400 NW 87TH AVE. LODGE 8
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT J. SHAFER

DP

01/09/2006

Electronic Signature of Signing Officer or Director

Date