

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12808

FILED  
Jan 09, 2008  
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:**

4400 NW 87 AVE  
MIAMI, FL 33178 US

**Current Mailing Address:**

4400 NW 87 AVE  
LODGE 8  
MIAMI, FL 33178 US

**New Mailing Address:**

4400 NW 87 AVE  
MIAMI, FL 33178 US

FEI Number: 59-2666056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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: DP ( ) Delete  
Name: MAS CANOSA, RAMON E  
Address: 4400 NW 87TH AVE. LODGE 8  
City-St-Zip: MIAMI, FL 33178

Title: DVP ( ) Delete  
Name: BALDWIN, WILLIAM A  
Address: 4400 NW 87TH AVE. LODGE 8  
City-St-Zip: MIAMI, FL 33178

Title: DS ( ) Delete  
Name: RUTTER, KATHLEEN  
Address: 4400 NW 87TH AVE. LODGE 8  
City-St-Zip: MIAMI, FL 33178

Title: DT ( ) Delete  
Name: ZOMERFELD, RAYMOND  
Address: 4400 NW 87TH AVE. LODGE 8  
City-St-Zip: MIAMI, FL 33178

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

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

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

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

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: RAMON E. MAS CANOSA

DP

01/09/2008

Electronic Signature of Signing Officer or Director

Date