

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40763

FILED
Aug 31, 2006
Secretary of State

Entity Name: GOLF ASSOCIATION OF FLORIDA INC.

Current Principal Place of Business:

8115 SW SUNNY BREEZE RD
ARCADIA, FL 34269 US

New Principal Place of Business:

2134 HORSESHOE DR.
LAKELAND, FL 33810 US

Current Mailing Address:

8115 SW SUNNY BREEZE RD
ARCADIA, FL 34269 US

New Mailing Address:

2134 HORSESHOE DR.
LAKELAND, FL 33810 US

FEI Number: 59-3074806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RILEY, DAVID
8115 SW SUNNY BREEZE RD
ARCADIA, FL 34269 US

Name and Address of New Registered Agent:

COMELLA, JUDY
2134 HORSESHOE DR.
LAKELAND, FL 33810 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: JUDY COMELLA

08/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: SANDERS, ALBERT J
Address: P.O. BOX 568804 N/A
City-St-Zip: ORLANDO, FL 32856

Title: PD () Delete
Name: BAKER, WILLIAM
Address: 8135 S.W. SUNNYBREEZE ROAD
City-St-Zip: ARCADIA, FL 34266

Title: DV () Delete
Name: PALM, BARRY
Address: 105 TWIN CEDAR CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: SANDERS, ALBERT J
Address: P.O. BOX 568804 N/A
City-St-Zip: ORLANDO, FL 32856

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

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

Title: TD () Change (X) Addition
Name: RILEY, DAVID T
Address: 5 GOLDEN BEAR CT.
City-St-Zip: GREENVILLE, SC 29609 US

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: DAVID T. RILEY

TREA

08/31/2006

Electronic Signature of Signing Officer or Director

Date