2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N43078

Entity Name: SPORTS TURF MANAGERS ASSOCIATION, FLORIDA CHAPTER #1 INC.

Current Principal Place of Business:

2574 NE 14 AVE
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

2574 NE 14 AVE
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 65-0338040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLDER, BUD
2574 NE 14TH AVE
POMPANO BEACH, FL 33064 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: CURRAN, TOM
Address: 1190 NE 3RD AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: DV ( ) Delete
Name: NOLDER, BUD
Address: 2574 NE 14TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: DS ( ) Delete
Name: BATES, BRUCE
Address: 2545 W 80 STREET, SUITE 1
City-St-Zip: HIALEAH, FL 33016

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

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: BATES, BRUCE
Address: 8834 SW 131 STREET
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Change (X) Addition
Name: WILLIAMS, CLIVE
Address: 300 SOUTH MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33486

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: BUD NOLDER DV 04/20/2007

Electronic Signature of Signing Officer or Director — Date