

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43078

FILED  
Jan 27, 2009  
Secretary of State

**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: 8834 SW 131 STREET  
City-St-Zip: MIAMI, FL 33176

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

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

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

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

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

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: BUD NOLDER

DV

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date