

FILE NOW: FILING FEE IS \$61.25

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Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48848 (8)

1. Corporation Name
TURF MECHANICS ASSOCIATION OF SOUTH EAST FLORIDA, INC.

Principal Place of Business 5099 SANDUSKY AVENUE LAKE WORTH FL 33463	Mailing Address 5099 SANDUSKY AVENUE LAKE WORTH FL 33463
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2. Principal Place of Business 21 5894 ITHACA CIRCLE WEST Suite, Apt. #, etc. 22 City & State 23 LAKE WORTH, FLORIDA Zip 24 33463 Country 25 USA	2a. Mailing Address 26 5894 ITHACA CIRCLE WEST Suite, Apt. #, etc. 27 City & State 28 LAKE WORTH, FL Zip 29 33463 Country 30 USA
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3. Date Incorporated or Qualified 05/08/1992	4. FEI Number 65-0318760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**LANNING, DONALD D., SR.
5099 SANDUSKY AVENUE
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81 Name RICHARD F. PARSONS
82 Street Address (P.O. Box Number is Not Acceptable) 5894 ITHACA CIRCLE WEST
83
84 City LAKE WORTH FL 85 Zip Code 33463

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Richard F. Parsons* **RICHARD F. PARSONS** **4/28/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHEIDER, BRIAN	
STREET ADDRESS	5541 LAKESIDE DR	
CITY-ST-ZIP	MARGATE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PARSONS, RICHARD F	
STREET ADDRESS	5750 ITHACA CIR EAST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LANNING, DONALD S	
STREET ADDRESS	5099 SANDUSKY AVE.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MENGLOI, MAAS	
STREET ADDRESS	78 DEER PATH	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD PARSONS, RICHARD F
2.3 STREET ADDRESS	5894 ITHACA CIRCLE WEST
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33463
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VPD TONY THILMANN
5.3 STREET ADDRESS	16082 JAG ROAD
5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD KEVIN SMITH
6.3 STREET ADDRESS	2300 PRESIDENTIAL WAY
6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Richard F. Parsons* **RICHARD F. PARSONS** **4/28/98** **5619A-B47**

CR2E037 (1097)