

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005759 (5)

1. Corporation Name

7 IRON GOLF ASSOCIATION OF SOUTH DADE, INC.

Principal Place of Business

14801 POLK STREET
MIAMI FL 33176

Mailing Address

14801 POLK STREET
MIAMI FL 33176



3. Date Incorporated or Qualified
11/17/1994

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0536330

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWENS, ROBERT C
14801 POLK STREET
MIAMI FL 33176

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BOWENS, ROBERT C
STREET ADDRESS 14801 POLK STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE ☒ DELETE

NAME RANDOLPH, ROBERT
STREET ADDRESS 14750 LINCOLN BLVD.
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME BREWTON, RONALD
STREET ADDRESS 10253 S.W. 169TH TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME BROWN, THOMAS
STREET ADDRESS 14245 S.W. 107TH COURT
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME JOHNSON, JOHN A
STREET ADDRESS P.O. BOX 163743 NA
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE

NAME CARTER, EDWARD
STREET ADDRESS 14130 MONROE ST.
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CARROLL, PHIL
11100 S.W. 176 ST.
MIAMI, FL 33176

FAIR, CHESTER
14741 PIERCE ST
MIAMI, FL 33176

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)