

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

**14801 POLK STREET
MIAMI FL 33176****14801 POLK STREET
MIAMI FL 33176-7626**3. Date Incorporated or Qualified
11/17/19943a. Date of Last Report
04/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. #104**26 Suite, Apt. #, etc.****22 8640 S.W. 212th Street****27 P.O. Box 971562****23 Miami, Florida****28 Miami, Florida****24 33189** **25 U.S.A.****29 33197** **30 U.S.A.**

4. FEI Number

65-0536330

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

**BOWENS, ROBERT C
14801 POLK STREET
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name

John A. Johnson

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

P.O. Box 971562

83

84 City

Miami**FL**

85 Zip Code

33197

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 of Florida Statutes.

SIGNATURE: **John A. Johnson, President****21 April 1997**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWENS, ROBERT C	
STREET ADDRESS	14801 POLK STREET	
CITY-ST-ZIP	MIAMI FL 33176	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, PHIL	
STREET ADDRESS	11100 SW 176TH ST	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T/D
2.3 STREET ADDRESS	SEAY, RAYMOND
2.4 CITY-ST-ZIP	9850 S.W. 154th Ave Miami, FL. 33196

TITLE	D	<input type="checkbox"/> DELETE
NAME	BREWTON, RONALD	
STREET ADDRESS	10253 S.W. 169TH TERRACE	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, THOMAS	
STREET ADDRESS	14245 S.W. 107TH COURT	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN A	
STREET ADDRESS	P.O. BOX 163743 NA	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	P.O. BOX 971562
5.4 CITY-ST-ZIP	Miami, FL. 33197

TITLE	D	<input type="checkbox"/> DELETE
NAME	FAIR, CHESTER	
STREET ADDRESS	14741 PIERCE ST	
CITY-ST-ZIP	MIAMI FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **John A. Johnson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**21 April 1997 (305) 233-9152**

Date

Daytime Phone # **0033006**

CR2E037 (9/96)