


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 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 # **N94000005759 (5)**
1. Corporation Name

7 IRON GOLF ASSOCIATION OF SOUTH DADE, INC.



Principal Place of Business 8640 SW 212TH ST #104 MIAMI FL 33189 US	Mailing Address PO BOX 971562 MIAMI FL 33197 US
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3. Date Incorporated or Qualified 11/17/1994	
4. FEI Number 65-0536330	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input 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 JOHNSON, JOHN A PO BOX 971562 MIAMI FL 33197
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10. Name and Address of New Registered Agent 81 Name SEAY, RAYMOND F. 82 Street Address (P.O. Box Number is Not Acceptable) 9850 SW 154 AVE 83 City Miami 84 City Miami FL 85 Zip Code 33196
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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 Raymond F. Seay DATE 4/20/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D BOWENS, ROBERT C
STREET ADDRESS	14801 POLK STREET
CITY-ST-ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> DELETE
NAME	TD SEAY, RAYMOND
STREET ADDRESS	9850 SW 154TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BREWTON, RONALD
STREET ADDRESS	10253 S.W. 169TH TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BROWN, THOMAS
STREET ADDRESS	14245 S.W. 107TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D JOHNSON, JOHN A
STREET ADDRESS	PO BOX 971562 N/A
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D FAIR, CHESTER
STREET ADDRESS	14741 PIERCE ST
CITY-ST-ZIP	MIAMI FL

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: Raymond F. Seay DATE: 4/20/98 305-246-7237

CP2E037 (10/97)