## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002782

FILED Sep 15, 2008 Secretary of State

Entity Name: THE FLORIDA CHAPTER OF THE NATIONAL GOLF COURSE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

291 SEVEN FARMS DR, 2ND FLOOR 111 PINEWOOD DRIVE CHARLESTON, SC 29492 DAVENPORT, FL 33896

Current Mailing Address: New Mailing Address:

291 SEVEN FARMS DR, 2ND FLOOR 9045 KNOLL DRIVE CHARLESTON, SC 29492 GAINESVILLE, GA 30506

FEI Number: 59-3475661 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FARROW, MARK

3958 CORVETA COURT

ORLANDO, FL 32837 US

ACREE, CINDY S

111 PINEWOOD DRIVE
DAVENPORT, FL 33896 US

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: CINDY S ACREE 09/15/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ( ) Delete Title: MRS (X) Change ( ) Addition

 Name:
 FARROW, MARK
 Name:
 ACREE, CINDY S

 Address:
 2995 RIMINGTON BLVD
 Address:
 9045 KNOLL DRIVE

City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: GAINESVILLE, GA 30506 US

Title: D ( ) Delete Title: MR (X) Change ( ) Addition Name: STINE, BILL Name: DONOHUE, DONALD J III

Address: 2995 RIMINGTON BLVD Address: 111 PINEWOOD DRIVE
City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: DAVENPORT, FL 33896 US

Title: ( ) Delete Title: MR ( ) Change (X) Addition

Name: Name: SHULTS, ROBERT
Address: Address: 3455 PEACHTREE ROAD SUITE 500

City-St-Zip: City-St-Zip: ATLANTA, GA 30326

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: CINDY S ACREE DIR 09/15/2008