


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90022 018 ****61.25

DOCUMENT # N95000003233 1. Entity Name SOUTHWEST FLORIDA JUNIOR GOLF ASSOCIATION, INC.																																																																												
Principal Place of Business 8695 COLLEGE PKWY STE 304 FORT MYERS, FL 33919			Mailing Address 8695 COLLEGE PKWY STE 304 FORT MYERS, FL 33919																																																																									
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																									
City & State			City & State																																																																									
Zip		Country		Zip																																																																								
Country		Country		4. FEI Number 65-0593677																																																																								
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																								
6. Name and Address of Current Registered Agent WHITWORTH, GREGORY D 1345-A CRYSTAL WAY DELRAY BEACH, FL 33444				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																								
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																												
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																												
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																								
Make check payable to Florida Department of State																																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>T</td> <td>MASTERS, DAVE</td> <td>312 SW 2ND AVE CAPE CORAL, FL 33991</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>D</td> <td>LEWIS, GARY</td> <td>880 3RD STREET CAPE CORAL, FL 33990</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>P</td> <td>BURGESS, BOB</td> <td>1417 S E 12TH TERRACE CAPE CORAL, FL 33990</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>D</td> <td>HUTNIK, STEVE</td> <td>8849 BANYAN COVE FORT MYERS, FL 33919</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>D</td> <td>LEWIS, JEANNE</td> <td>880 3RD ST FT MYERS BEACH, FL</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>D</td> <td>SHERMAN, DONALD</td> <td>1572 ARGYLE DR FT MYERS, FL 33919</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td>S</td> <td>Candy Burgess</td> <td>1417 SE 12TH Terr Cape Coral FL 33990</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		T	MASTERS, DAVE	312 SW 2ND AVE CAPE CORAL, FL 33991	<input type="checkbox"/>		D	LEWIS, GARY	880 3RD STREET CAPE CORAL, FL 33990	<input type="checkbox"/>		P	BURGESS, BOB	1417 S E 12TH TERRACE CAPE CORAL, FL 33990	<input type="checkbox"/>		D	HUTNIK, STEVE	8849 BANYAN COVE FORT MYERS, FL 33919	<input type="checkbox"/>		D	LEWIS, JEANNE	880 3RD ST FT MYERS BEACH, FL	<input type="checkbox"/>		D	SHERMAN, DONALD	1572 ARGYLE DR FT MYERS, FL 33919	<input checked="" type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition		S	Candy Burgess	1417 SE 12TH Terr Cape Coral FL 33990	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete																																																																								
	T	MASTERS, DAVE	312 SW 2ND AVE CAPE CORAL, FL 33991	<input type="checkbox"/>																																																																								
	D	LEWIS, GARY	880 3RD STREET CAPE CORAL, FL 33990	<input type="checkbox"/>																																																																								
	P	BURGESS, BOB	1417 S E 12TH TERRACE CAPE CORAL, FL 33990	<input type="checkbox"/>																																																																								
	D	HUTNIK, STEVE	8849 BANYAN COVE FORT MYERS, FL 33919	<input type="checkbox"/>																																																																								
	D	LEWIS, JEANNE	880 3RD ST FT MYERS BEACH, FL	<input type="checkbox"/>																																																																								
	D	SHERMAN, DONALD	1572 ARGYLE DR FT MYERS, FL 33919	<input checked="" type="checkbox"/>																																																																								
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition																																																																							
	S	Candy Burgess	1417 SE 12TH Terr Cape Coral FL 33990	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																							
				<input type="checkbox"/>	<input type="checkbox"/>																																																																							
				<input type="checkbox"/>	<input type="checkbox"/>																																																																							
				<input type="checkbox"/>	<input type="checkbox"/>																																																																							
				<input type="checkbox"/>	<input type="checkbox"/>																																																																							
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																												
SIGNATURE: <u>David Masters</u> <u>David Masters</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>7-16-04</u> Daytime Phone # <u>2395748139</u>																																																																								

54064027



07162004 Chg-NP CR2E037 (10/03)