

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 02, 2006
Secretary of State**

DOCUMENT# N96000005948

Entity Name: CENTRAL FLORIDA GOLF COURSE SUPERINTENDENTS ASSOCIATION INC.

Current Principal Place of Business:

5216 HAMMOCK POINT CT
SAINT CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

5216 HAMMOCK POINT CT
SAINT CLOUD, FL 34771

New Mailing Address:

FEI Number: 91-1931012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, MARIE
1760 N.W. PINE LAKE DRIVE
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARTIN, CHRIS
Address: 1120 ELKCAM BLVD.
City-St-Zip: DELTONA, FL 32725

Title: VP () Delete
Name: BELLINO, MIKE
Address: 334 NEBRASKA AVE.
City-St-Zip: LONGWOOD, FLORIDA, FL 32750

Title: D () Delete
Name: MURPHY, PAT
Address: 11507 NORTH SHORE GC BLVD
City-St-Zip: ORLANDO, FL 32832

Title: STD () Delete
Name: HARRIS, BRETT
Address: 9100 CHILTERN DR.
City-St-Zip: ORLANDO, FL 32827

Title: D () Delete
Name: LAWRENCE, JAMES
Address: 800 EAST EUCLID AVE.
City-St-Zip: DELAND, FLORIDA, FL 32724

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HARRIS, BRETT
Address: 9100 CHILTERN DR.
City-St-Zip: ORLANDO, FL 32827

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: SCOTT, ROBERT
Address: 9229 NORTHLAKE PARKWAY
City-St-Zip: ORLANDO, FL 32827

I hereby certify that the information supplied with this filing does not qualify for the 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: BRETT HARRIS

SD

02/02/2006

Electronic Signature of Signing Officer or Director

_____ Date