



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90217 046 ****61.25

DOCUMENT # N96000005948			
1. Entity Name CENTRAL FLORIDA GOLF COURSE SUPERINTENDENTS ASSOCIATION INC.			
Principal Place of Business 5216 HAMMOCK POINT CT SAINT CLOUD, FL 34771		Mailing Address 5216 HAMMOCK POINT CT SAINT CLOUD, FL 34771	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 620845	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando FL	
Zip	Country	Zip	Country
		32862-0845	
4. FEI Number 91-1931012		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBERTS, MARIE 1760 N.W. PINE LAKE DRIVE STUART, FL 34994		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <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 May 1, 2007		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTIN, CHRIS	NAME	
STREET ADDRESS	1120 ELKCAM BLVD.	STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 32725	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINO, MIKE	NAME	
STREET ADDRESS	334 NEBRASKA AVE.	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FLORIDA, FL 32750	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, PAT	NAME	
STREET ADDRESS	11507 NORTH SHORE GC BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32832	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, BRETT	NAME	
STREET ADDRESS	9100 CHILTERN DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32827	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, JAMES	NAME	
STREET ADDRESS	800 EAST EUCLID AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FLORIDA, FL 32724	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ROBERT	NAME	
STREET ADDRESS	9229 NORTHLAKE PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32827	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 to an address, with all other like empowered.			
SIGNATURE: 		Brett Harris	
		01-09-07	
		407-826-5362	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	