

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005948

FILED
May 02, 2011
Secretary of State

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:

PO BOX 620845
ORLANDO, FL 32862

New Mailing Address:

FEI Number: 91-1931012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INNES, JENNIFER
1296 NE OCEANVIEW CIRCLE
JENSEN BEACH, FL 34957 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
Name: GAY, MICHAEL
Address: 5340 WALKINGHOURSE WAY
City-St-Zip: OVIEDO, FL 32765

Title: VP
Name: CRAIG, RICKEY
Address: 600 E COUNTY ROAD 48
City-St-Zip: BUSHNELL, FL 33513

Title: D
Name: CARTIN, CHRIS
Address: 1120 ELK CAM BLVE
City-St-Zip: DELTONA, FL 32725

Title: SD
Name: HARRIS, BRETT
Address: 9100 CHILTERN DR.
City-St-Zip: ORLANDO, FL 32827

Title: D
Name: STEM, MIKE
Address: 1700 ALAQUA LAKES BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: TD
Name: HARRIS, BRETT
Address: 5216 HAMMOCK POINTE COURT
City-St-Zip: SAINT CLOUD, FL 34771

I hereby 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 all other like empowered.

SIGNATURE: BRETT M. HARRIS

SD

05/02/2011

Electronic Signature of Signing Officer or Director

Date