

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

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1. Corporation Name

SOUTH FLORIDA GOLF COURSE SUPERINTENDENTS ASSOCIATION INC.

Principal Place of Business

1760 NW PINE LAKE DR
STUART FL 34994

Mailing Address

1760 NW PINE LAKE DR
STUART FL 34994



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

3. Date Incorporated or Qualified

11/21/1996

4. FEI Number

~~50-2506777~~ 91-1391026

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROBERTS, MARIE
1760 NW PINE LAKE DR
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **ENTWISTLE, BILL**
STREET ADDRESS **2211 N.W. 101 TERR**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **VD** ☐ DELETE
NAME **SINGLETON, BRYAN**
STREET ADDRESS **1155 BLUE RD**
CITY-ST-ZIP **CORAL GABLES FL 33147**

TITLE **STD** ☐ DELETE
NAME **WALKER, JIM**
STREET ADDRESS **9300 S.W. 152 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **ES** ☐ DELETE
NAME **ROBERTS, MARIE**
STREET ADDRESS **1760 N.W. PINE LAKE DR.**
CITY-ST-ZIP **STUART FL**

TITLE **VD** ☐ DELETE
NAME **MacGregor, Gilly**
STREET ADDRESS **12117 NW 15th Ct.**
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marie Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/99

561-692-9349

CR2E037 (1/98)