2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N96000006053

Entity Name: SOUTH FLORIDA GOLF COURSE SUPERINTENDENTS ASSOCIATION INC.

Current Principal Place of Business:

1760 NW PINE LAKE DR
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1760 NW PINE LAKE DR
STUART, FL 34994

New Mailing Address:

FEI Number: 91-1931026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, MARIE
1760 NW PINE LAKE DR
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: VD ( ) Delete
Name: CRAGIN, KELLY
Address: 6045 SW 27 ST
City-St-Zip: MIAMI, FL 33135

Title: ES ( ) Delete
Name: ROBERTS, MARIE
Address: 1760 N.W. PINE LAKE DR.
City-St-Zip: STUART, FL

Title: D ( ) Delete
Name: BAGWELL, JASON
Address: 2810 OLD ORCHARD RD
City-St-Zip: DAVIE, FL 33328

Title: PD ( ) Delete
Name: HILE, TED
Address: CAROLINA CLUB, 3011 ROCK ISLAND
City-St-Zip: MARGATE, FL 33063

Title: VD ( ) Delete
Name: PREVATTE, MARCUS
Address: 9300 SW 152 ST
City-St-Zip: MIAMI, FL 33157

Title: SD ( ) Delete
Name: REEVES, RICKY
Address: 2301 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: CRAGIN, KELLY
Address: 2000 ATLANTIC SHORES BLVD #317
City-St-Zip: HALLANDALE, FL 33009

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TED HILE PD 01/10/2009

Electronic Signature of Signing Officer or Director — Date