

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000006138

1. Corporation Name

COASTAL PLAINS GOLF COURSE SUPT. ASSN. INC.

Principal Place of Business

Mailing Address

3491-11 THOMASVILLE RD., STE 130
TALLAHASSEE FL 32308
US

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TALLAHASSEE FL 32308
US

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90010 029 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

11/27/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2506777

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DOUGLAS ABDOHL
STREET ADDRESS 2550 POTTS DAMER RD
CITY-ST-ZIP TALLAHASSEE FL 32304

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS JEFFREY J. HELGEN
1.4 CITY-ST-ZIP 2737 BLAIRSTONE RD
TALLAHASSEE FL 32301

TITLE D ☐ DELETE
NAME MIKE ECHOLS
STREET ADDRESS 7505 PRESERVATION RD
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE D ☒ DELETE
NAME OLSEY, MICHAEL
STREET ADDRESS 2737 BLAIR STONE RD
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE D ☐ DELETE
NAME HELGEN, JEFFREY
STREET ADDRESS 2737 BLAIRSTONE RD
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

850-891-3936

Daytime Phone #

CR2E037 (1/98)