

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006167

FILED
May 01, 2009
Secretary of State

Entity Name: TREASURE COAST GOLF COURSE SUPERINTENDENTS ASSOCIATION, INC.

Current Principal Place of Business:

115 SILVER MOSS DRIVE
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

115 SILVER MOSS DRIVE
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 91-1931029 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JENNIFER, INNES
126 OCEANVIEW CIRCLE
JENSEN BEACH, FL 34957 US

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: JENNIFER INNES

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CURRAN, JOHN
Address: 5802 87TH ST
City-St-Zip: SEBASTIAN, FL 32958

Title: BMD () Delete
Name: BLEVINS, CHARLES
Address: 2400 SW GOLDEN BEAR WAY
City-St-Zip: PALM CITY, FL 34990

Title: PP () Delete
Name: HANSON, HARRY
Address: 2480 SE WISHBONE ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: BMD () Delete
Name: MACDONALD, ROY
Address: 11671 PLANDOME DRIVE
City-St-Zip: HOBE SOUND, FL 33455

Title: ST () Delete
Name: CHANEY, GARY
Address: 3375 BAYSIDE LAKES BLVD
City-St-Zip: PALM BAY, FL 32909

Title: BMD () Delete
Name: CANN, TIM
Address: 12600 HARBOR RIDGE BLVD.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BLEVINS, CHARLES
Address: 2400 SW GOLDEN BEAR WAY
City-St-Zip: PALM CITY, FL 34990

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: JOHN CURRAN

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date