

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006432

FILED  
Jan 14, 2007  
Secretary of State

**Entity Name:** EVERGLADES GOLF COURSE SUPERINTENDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 110422  
NAPLES, FL 34108 US

**New Principal Place of Business:**

797 WALKERBILT ROAD  
NAPLES, FL 34110 US

**Current Mailing Address:**

PO BOX 110422  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 91-1931020      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, DARREN  
9393 VANDERBILT BEACH ROAD EXT  
NAPLES, FL 34120 US

**Name and Address of New Registered Agent:**

DRAFFEN, TODD  
18144 HORSESHOE BAY CIRCLE  
FORT MYERS, FL 33967 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: TODD DRAFFEN

01/14/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DAVIDSON, WILLIAM  
Address: 3281 13TH AV SW  
City-St-Zip: NAPLES, FL 34117

Title: DV ( ) Delete  
Name: MCDONOUGH, COREY  
Address: 2780 EATONWOOD LANE  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: KYLE, KENYON  
Address: 22800 OAKWILDE BLVD  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: TAYLOR, MATT  
Address: PO BOX 7039  
City-St-Zip: NAPLES, FL 34101

Title: D ( ) Delete  
Name: DAVIS, DARREN J  
Address: 9393 VANDERBILT BEACH RD  
City-St-Zip: NAPLES, FL 34120

Title: D ( ) Delete  
Name: BECKNER, BRIAN  
Address: 113 VIKING WAY  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: DAVIDSON, WILLIAM  
Address: 7760 GOLDEN GATE PARKWAY  
City-St-Zip: NAPLES, FL 34105

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: D (X) Change ( ) Addition  
Name: DRAFFEN, TODD  
Address: 18144 HORSESHOE BAY CIRCL  
City-St-Zip: FORT MYERS, FL 33967

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TODD DRAFFEN

D

01/14/2007

Electronic Signature of Signing Officer or Director

Date