

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006432

FILED  
Jan 12, 2011  
Secretary of State

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

**Current Principal Place of Business:**

11831 GATEWAY GREENS DRIVE  
FORT MYERS, FL 33913 US

**New Principal Place of Business:**

5790 COUNTRY LAKES DRIVE  
FORT MYERS, FL 33905 US

**Current Mailing Address:**

POST OFFICE BOX 110422  
NAPLES, FL 34108 US

**New Mailing Address:**

POST OFFICE BOX 11042  
NAPLES, FL 34108 US

**FEI Number:** 91-1931020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHELPS, JIM  
11831 GATEWAY GREENS DRIVE  
FORT MYERS, FL 33913 US

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

PHELPS, JIM  
5790 COUNTRY LAKES DRIVE  
FORT MYERS, FL 33905 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:

01/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: QUEVEDO, ALBERTO  
Address: 2830 BRANTLEY BLVD  
City-St-Zip: NAPLES, FL 34117

Title: VP  
Name: DAVIS, DARREN  
Address: 9393 VANDERBILT BEACH RD  
City-St-Zip: NAPLES, FL 34120

Title: TREA  
Name: PHELPS, JIM  
Address: 5790 COUNTRY LAKES DRIVE  
City-St-Zip: FORT MYERS, FL 33905

Title: SECR  
Name: DORE-SMITH, DAVID  
Address: 23101 COPPERLEAF BLVD  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: JIM PHELPS

TR

01/12/2011

Electronic Signature of Signing Officer or Director

Date