2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006
Secretary of State

DOCUMENT# N96000006515

Entity Name: SEVEN RIVERS GOLF COURSE SUPERINTENDENTS ASSOCIATION INC.

Current Principal Place of Business:

6201 KENTUCKY AVE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6201 KENTUCKY AVE
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-2506777 **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:

KANN, MARK
6201 KENTUCKY AVENUE
NEW PORT RICHEY, FL 34653 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: PRES ( ) Delete
Name: KANN, MARK
Address: 6201 KENTUCKY AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP ( ) Delete
Name: WATTS, RICK
Address: 5355 SE 44TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: TR (X) Delete
Name: GREENWALT, BARRY CGCS
Address: 403 EAST JEFFERSON
City-St-Zip: BROOKSVILLE, FL 34601

Title: P PR (X) Delete
Name: ROBERT, MARRINO
Address: 34359 WHISPERING OAKS BLVD
City-St-Zip: RIDGE MANOR, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KANN, MARK
Address: 6201 KENTUCKY AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: V,T (X) Change ( ) Addition
Name: WATTS, RICK
Address: 5355 SE 44TH CIRCLE
City-St-Zip: OCALA, FL 34480

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 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: RICK D. WATTS V,T 05/15/2006

Electronic Signature of Signing Officer or Director — Date