2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# N97000000189

Entity Name: NORTH FLORIDA GOLF COURSE SUPERINTENDENTS ASSN., INC.

Current Principal Place of Business:

5210 PHEASANT RUN CT
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

5210 PHEASANT RUN CT
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 91-1931021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLAUK, GLEN
5210 PHEASANT RUN CT
PONTE VEDRA BEACH, FL 32082 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: PD ( ) Delete
Name: MAGURE, ANDY
Address: 158 MARSHSIDE DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VTSD ( ) Delete
Name: KLAUK, GLEN
Address: 5210 PHEASANT RUN CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: EVPD ( ) Delete
Name: ESTES, CLAYTON
Address: 7529 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: SANGO, BUTCH
Address: 2383 BEN FRANKLIN DR
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: GLEN KLAUK VPD 02/21/2005
Electronic Signature of Signing Officer or Director Date