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FILED
Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000499 (0)**

1. Corporation Name

**EXECUTIVE WOMEN'S GOLF ASSOCIATION ORLANDO CHAPT
ER, INC.**

Principal Place of Business

Mailing Address

**2180 PARK AVENUE NORTH
SUITE 300
WINTER PARK FL 32789**

**% USA GOLF PROPERTIES INC
2180 PARK AVENUE NORTH, SUITE 300
WINTER PARK FL 32789**

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

EIN 59-3346584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARKINS, KAY
2180 PARK AVENUE NORTH
SUITE 300
WINTER PARK FL 32789**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE **D**

President

☒ Change ☐ Addition

NAME

1.2 NAME

Madeline Kinney

STREET ADDRESS

1.3 STREET ADDRESS

508 Bristol Dr.

CITY-ST-ZIP

1.4 CITY-ST-ZIP

Altamonte Springs, FL 32714

TITLE ☐ DELETE

2.1 TITLE **D**

Vice President

☒ Change ☐ Addition

NAME

2.2 NAME

Lesley Lincoln

STREET ADDRESS

2.3 STREET ADDRESS

221 Robin Road

CITY-ST-ZIP

2.4 CITY-ST-ZIP

Altamonte Springs, FL 32704

TITLE ☐ DELETE

3.1 TITLE **D**

Secretary

☒ Change ☐ Addition

NAME

3.2 NAME

Jan LaCoste-Henday

STREET ADDRESS

3.3 STREET ADDRESS

931 Palmer Ave

CITY-ST-ZIP

3.4 CITY-ST-ZIP

Winter Park, FL 32789

TITLE ☐ DELETE

4.1 TITLE **D**

Treasurer

☒ Change ☐ Addition

NAME

4.2 NAME

Patti Susko

STREET ADDRESS

4.3 STREET ADDRESS

1412 Devonshire Ct

CITY-ST-ZIP

4.4 CITY-ST-ZIP

Altamonte Springs, FL 32714

TITLE ☐ DELETE

5.1 TITLE

5.2 NAME

☐ Change ☐ Addition

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

6.2 NAME

☐ Change ☐ Addition

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (10/97)