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03-10-1999 90257 011 ****70.00

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000499

1. Corporation Name

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

Principal Place of Business

2180 PARK AVENUE NORTH
SUITE 300
WINTER PARK FL 32789

Mailing Address

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



2. Principal Place of Business

21 1408 Westdale Ave

2a. Mailing Address

26 % Sharon Neace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 1408 Westdale Ave

23 Winter Park FL

28 Winter Park, FL

24 Zip Country

29 Zip Country

32792 Seminole

30 32792 Seminole

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Sharon Neace**
82 Street Address (P.O. Box Number is Not Acceptable)
1408 Westdale Ave
83
84 City **Winter Park** FL 85 Zip Code **32792**

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

Sharon L. Neace
Signature typed or printed name of registered agent and title if applicable.

Sharon L. Neace
(NOTE: Registered Agent signature required when reinstating)

3-7-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KINNEY, MADELINE	
STREET ADDRESS	508 BRISTOL DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LINCOLN, LESLEY	
STREET ADDRESS	221 ROBIN RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LACOSTA-HENDRY, JAN	
STREET ADDRESS	931 PALMER AVE	
CITY-ST-ZIP	WINTER PARK FL 32798	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SUSKO, PATTI	
STREET ADDRESS	1412 DEVON SHORE CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sharon Neace	
1.3 STREET ADDRESS	1408 Westdale Ave	
1.4 CITY-ST-ZIP	Winter Park, FL 32792	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeanne Jewett	
2.3 STREET ADDRESS	2040 Thunderbird Tr.	
2.4 CITY-ST-ZIP	Maitland, FL 32746	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pat Jones	
3.3 STREET ADDRESS	2223 Leu Rd	
3.4 CITY-ST-ZIP	Orl. FL 32803	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nancy Frame	
4.3 STREET ADDRESS	2085 Springwood Cir.	
4.4 CITY-ST-ZIP	Longwood, FL 32779	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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, with all other like empowered.

SIGNATURE: *Sharon L. Neace* **Sharon L. Neace** 3-7-99 407-657-4910
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)