

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002454

1. Entity Name
TURF EQUIPMENT SERVICE TECHNICIANS
ASSOCIATION, INC.



Principal Place of Business
POST OFFICE BOX 623
ESTERO, FL 33928

Mailing Address
POST OFFICE BOX 623
ESTERO, FL 33928

FILED
07 MAY -3 PM 1:24

CLERK OF STATE
TALLAHASSEE, FLORIDA



04112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3438476	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TICKNOR, JASON
720 22ND ST SE
NAPLES, FL 34117

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TICKNOR, JASON 720 22ND ST SE NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINDQUIST, DEAN 146 3 LOLLY POP LN NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STIDNAM, JOSEPH W 7495 SAN CARLOS BLVD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOK, TIM POB 856 NAPLES, FL 341060856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

4/25/11

400103030104
05/22/07--01042--017 **69.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON TICKNOR

4/28/07

Date

239-353-9902

Daytime Phone #