

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000188

FILED
Apr 22, 2005
Secretary of State

Entity Name: FLORIDA ADAPTIVE GOLF, INC.

Current Principal Place of Business:

3695 BREEZEMONT DRIVE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

3695 BREEZEMONT DRIVE
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-0807961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, DUNCAN A PSTD
5085 KINGSLEY ROAD
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

WINDSOR, DAVID B PSTD
6181 MEDICI COURT
301
SARASOTA, FL 34243 US

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: DAVID B. WINDSOR

04/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CLARK, DUNCAN A
Address: 5085 KINGSLEY ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: GOODLANDER, PAUL B
Address: 3695 BREEZEMONT DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: GOODLANDER, ROSANNE M
Address: 3695 BREEZEMONT DRIVE
City-St-Zip: SRASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WINDSOR, DAVID B
Address: 6181 MEDICI COURT UNIT 301
City-St-Zip: SARASOTA, FL 34243

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: DAVID B. WINDSOR

PSTD

04/22/2005

Electronic Signature of Signing Officer or Director

Date