2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000188

FILED Jul 28, 2006 Secretary of State

DOCON	1EN 1# N9800000188		Secretary of State	
Entity Nar	me: FLORIDA ADAPTIVE GOLF, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	EZEMONT DRIVE A, FL 34232			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
	EZEMONT DRIVE A, FL 34232			
	65-0807961 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did not re	FEI Number Not Applicable() eceive the prior notice.	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
6181 MEDI 301 SARASOT	R, DAVID B PSTD ICI COURT A, FL 34243 US named entity submits this statement for the pur	nose of changing its register	ed office or registered agent or both	
	e of Florida.	pose of changing its register	ed office of registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD () Delete WINDSOR, DAVID B 6181 MEDICI COURT UNIT 301 SARASOTA, FL 34243	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () Delete GOODLANDER, PAUL B 3695 BREEZEMONT DRIVE SARASOTA, FL 34232	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete GOODLANDER, ROSANNE M 3695 BREEZEMONT DRIVE SRASOTA, FL 34232	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 07/28/2006