**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9800005514

## **FILED** Feb 25, 1999 8:00 am § Secretary of State

02-25-1999 90026 043 \*\*\*\*61.25

<ol> <li>Corporatio</li> </ol>	n Name										
PARTLY OPEN GOLF TOURNAMENT, INC.							į	1 116	5660° - 90026 -	43	
Principal Place of Business Mailing Address						_			,*		
700 E. ATLANTIC BLVD SUITE 102 POMPANO BEACH FL 33060 POMPANO BEACH FL 33060											
2. Principal P	Place of Business	2a. Mailing Address	$\neg$				3. Date Incorp 09/21/199	orated or Quali	fed ·		
Suite, Apt.	#, etc.	26				4. FEI Number		3	- ^ <del> </del>	olied For Applicable	
22 City & Sta	te	City & State				5. Certificate of Status Desired   \$8.75 Additional Fee Required					
Zip 24	Country 25	Zip 29	Country 30			Election Campaign Financing     Trust Fund Contribution		ing 🔲	\$5.00 May Be Added to Fees		
	9. Name and Address of Current	Registered Agent					10. Name and	Address of Ne	w Registered	Agent	
		T_,,,,		81	Name				*		. 1
STRULOWITZ, HAROLD STRULOWITZ, BUREN & CO. C.P.A.				82	Street A	et Address (P.O. Box Number is Not Acceptable)					
7800 N. UNIVERSITY DRIVE, SUITE 202				83			ч				
	· · · · · · · · · · · · · · · · · · ·								·	85 Zip C	ode
TAMARAC FL 33321				84 City					FL	_   -	ŀ
11. Pursuant office or ragent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State or familiar with, and accept the obligation	and 617.1508, Florida Statut of Florida. Such change was a ons of, Section 617.0503, Flo	es, the a uthorize rida Stat	bove d by tutes	-named c the corpor	orporation'	ation submits this is board of direct	s statement for ors. I hereby a	the purpose of ccept the appo	changing its intment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	d Ageni	signature rec	quired w	hen reinstating)	·····	DATE		
12. OFFICERS AND DIRECTORS			13.				ADDITIONS/0	CHANGES TO	OFFICERS AN		
TITLE	D	☐ DELETE 1.1 T		ΠLE					_	☐ Change	☐ Addition
NAME	KNOWLES, JAMES D		1.2 N	IAME				,	•	,	}
STREET ADDRESS	96 SOUTHWEST 114 TERR.		1.3 S	TREET	ADDRESS				•	٠.	į
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 C	ITY-ST	-ZIP					CT Observe	
TITLE	D	☐ DELETE	2.1 T	ITLE						Change	☐ Addition
NAME	KNOWLES, MAXINE C	· · · · · · · · · · · · · · · · · · ·		2.2 NAME			!				}
STREET ADDRESS	6 SOUTHWEST 114 TERR.		2.3 S	2.3 STREET ADDRESS							
CITY-ST-ZIP	CORAL SPRINGS FL 33071			2.4 CITY-ST-ZIP					<u> </u>	Change	Addition
TITLE	D	_		3.1 TITLE 3.2 NAME						onango	
NAME	KNOWLES, MARLEY B										1
STREET ADDRESS					ADDRESS				4		1
CITY-ST-ZIP	ST. PETERSBURG FL 33711			3.4. CITY-ST-ZIP					_:,	Change	Addition
TITLE				4. 2 NAME					*	•	]
NAME				4.3 STREET ADDRESS						•	
STREET ADDRESS				TY-ST							
CITY-ST-ZIP TITLE		☐ DELETE								Change	Addition
NAME				IAME							
STREET ADDRESS			5.3 S	TREET	ADORESS						.
CITY-ST-ZIP			5.4 CITY- ST-ZIP		r-ZIP		,		·		
TITLE		☐ DELETE	6.1 T	TTLE				•		☐ Change	· Addition
NAME			6.2 N	IAME	ļ				•		ļ
STREET ADDRESS			6.3 S	TREET	ADDRESS		-				Ϊ

Not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an inpowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in directly with all other like empowered. 14. I hereby certify that the information supplied who this filing dindicated on this annual report or suppliemental angual report of the corporation or the receiver that trustee Block 12 or Block 13 if charged, so on an attachment with a

SIGNATURE: