

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N98000005514**

1. Corporation Name

**PARTLY OPEN GOLF TOURNAMENT, INC.**

Principal Place of Business

700 E. ATLANTIC BLVD., SUITE 102  
POMPANO BEACH FL 33060

Mailing Address

700 E. ATLANTIC BLVD., SUITE 102  
POMPANO BEACH FL 33060

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

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

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2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

09/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

05-0275423

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRULOWITZ, HAROLD**  
**STRULOWITZ, BUREN & CO. C.P.A.**  
**7800 N. UNIVERSITY DRIVE, SUITE 202**  
**TAMARAC FL 33321**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **KNOWLES, JAMES D**  
STREET ADDRESS **96 SOUTHWEST 114 TERR.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **KNOWLES, MAXINE C**  
STREET ADDRESS **96 SOUTHWEST 114 TERR.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **KNOWLES, MARLEY B**  
STREET ADDRESS **4901 38TH WAY SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

7.1 TITLE ☐ Change ☐ Addition

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-21-99**

**454-443-0745**

Date

Daytime Phone #

CR2E037 (1/98)