

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90032 050 ***150.00

DOCUMENT # P00000013592

1. Entity Name
GOLF MANAGERS, INC.



Principal Place of Business
**3656 HALF MOON DR.
ORLANDO, FL 32812**

Mailing Address
**3656 HALF MOON DR.
ORLANDO, FL 32812**

00000001



01102005 No Chg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3622575

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYLEN, IAN J ESQ
1925 BRICKELL AVE., STE. D-27
MIAMI, FL 33129**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | D |
| NAME | BAIOCCHI, HUGH |
| STREET ADDRESS | 3656 HALF MOON DR. |
| CITY-ST-ZIP | ORLANDO, FL 32812 |
| TITLE | VP |
| NAME | James R. Pokorny |
| STREET ADDRESS | 3550 Lander Road |
| CITY-ST-ZIP | Pepper Pike, Ohio 44124 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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:

James R. Pokorny

216.910.0486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #