

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083254

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** GOLF EVENT MANAGERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3186 WHISPER WIND DR  
SAINT CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

3186 WHISPER WIND DR  
SAINT CLOUD, FL 34771

**New Mailing Address:**

FEI Number: 03-0563819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PASHA, TOM  
Address: 3186 WHISPER WIND DR  
City-St-Zip: SAINT CLOUD, FL 34771

Title: S  
Name: PASHA, KAREN  
Address: 3186 WHISPER WIND DR  
City-St-Zip: SAINT CLOUD, FL 34771

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOM PASHA

PRES

03/01/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date