

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:42

DOCUMENT # 769565 (3)

1. Corporation Name
SENIOR P.G.A. TOUR SPONSORS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
39 VILLAGE WALK PONTE VEDRA FL 32082 **39 VILLAGE WALK PONTE VEDRA FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/26/1983** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2483547** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 13000 Sawgrass Village Circle **26 P.O. Box 1535**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 6 **27**

City & State City & State
23 Ponte Vedra, FL **28 Ponte Vedra, FL**

Zip Country Zip Country
24 32082 **25 St Johns** **29 32004-1535** **30 St Johns**

9. Name and Address of Current Registered Agent
**STAUB, HAROLD J.
39 VILLAGE WALK
PONTE VEDRA FL 32082**

10. Name and Address of New Registered Agent
81 Name Robert M. Burris
82 Street Address (P.O. Box Number is Not Acceptable) 13000 Sawgrass Village Circle
83 Suite 6
84 City Ponte Vedra FL 85 Zip Code 32082

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Robert M. Burris* DATE **3/21/95**
Signature, Word or Printed Name of registered agent and title if applicable (NOTE: Registered Agent signature required when revalidating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FITZGERALD, BRIAN
STREET ADDRESS	30 S. WACKER #34
CITY - ST - ZIP	CHICAGO IL
TITLE	VD
NAME	SALESKI, MARY ANN
STREET ADDRESS	430 SWEDES FORD ROAD
CITY - ST - ZIP	MALVERN PA
TITLE	TD
NAME	DENTON, JOE D.
STREET ADDRESS	400 S ZANG BLVD.
CITY - ST - ZIP	DALLAS TX
TITLE	D
NAME	SACK, ROBERT
STREET ADDRESS	233 E. FULTON #104
CITY - ST - ZIP	GRAND RAPIDS MI
TITLE	SD
NAME	TUFFS, DEBORAH
STREET ADDRESS	7373 N. SCOTTSDALE ROAD
CITY - ST - ZIP	SCOTTSDALE AZ
TITLE	D
NAME	MELE, PETER
STREET ADDRESS	1881 SUDBURY RD
CITY - ST - ZIP	CONCORD MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Belknap, Neil
1.3 STREET ADDRESS	7281 Lone Pine Dr., Suite 202
1.4 CITY - ST - ZIP	Rancho Murieta, CA 95683
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Russell, Jack
3.3 STREET ADDRESS	25 Melville Park Road
3.4 CITY - ST - ZIP	Melville, NY 11747
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hallman, Gene
5.3 STREET ADDRESS	1200 Corporate Dr., Suite 410
5.4 CITY - ST - ZIP	Birmingham, AL 35242-2940
6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: *Robert M. Burris* **Robert M. Burris** **2/21/95** **904-285-6650**
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR