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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 769565

1. Corporation Name

SENIOR P.G.A. TOUR SPONSORS' ASSOCIATION, INC.

440957 - 90052 - 20

Principal Place of Business

13000 SAWGRASS VILLAGE CIRCLE
 STE. 37
 PONTE VEDRA FL 32082
 US

Mailing Address

13000 SAWGRASS VILLAGE CIRCLE
 STE. 37
 PONTE VEDRA FL 32004-1535
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

07/26/1983

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

9. Name and Address of Current Registered Agent

MANNING, L
 1300 SAWGRASS VILLAGE CIR
 STE 37
 PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input checked="" type="checkbox"/> DELETE	D ANTRAM, DENNY 16002 N DALE MABRY HIGHWAY TAMPA FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D CHARLIE BARON JAMES CASHMAN OF GOLFHOUSE - 16800 Village Cir. Center LAS VEGAS NV 89134
<input type="checkbox"/> DELETE	D JALESKI, M A ONE PRESIDENTIAL BLVD, STE 401 BALA CUNWYD PA 19004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D JALESKI, MA SAINT LEONARD'S COURT - 3819 33 Chestnut St #330 PHILADELPHIA, PA 19104
<input type="checkbox"/> DELETE	TD RUSSELL JACK 25 MELVILLE PARK RD MELVILLE NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	L
<input checked="" type="checkbox"/> DELETE	D CAVNER, HOLLIS 8990 SPRINGBROOK DR. COON RAPIDS MN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D KAZZAR, MARK 8777 N. GAINNEY DR. SCOTTSDALE AZ 85258
<input type="checkbox"/> DELETE	O MANNING, L 1300 SAWGRASS VILLAGE CIR 37 PONTE VEDRA FL 32082	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE	D MELE, PETER 1861 SUDBURY RD CONCORD MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 indicate I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *L. Manning* SIGNATURE REPEATED MANNING - OFFICER 4-27-99 904-285-6650
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)