

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714409

Entity Name: DADE AMATEUR GOLF ASSOCIATION, INC.**Current Principal Place of Business:**1802 NW 37 AVENUE
MIAMI, FL 33125**Current Mailing Address:**9100 S DADELAND BLVD
SUITE 912
MIAMI, FL 33156**FEI Number: 23-7069300****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VARGAS, ANTONIO
9100 S DADELAND BLVD
SUITE 912
MIAMI, FL 33156 US*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**Officer/Director Detail :**

Title	VP, DIRECTOR
Name	REED, JOHN
Address	16021 E. TROON CIRCLE
City-State-Zip:	MIAMI LAKES FL 33014-6554

Title	PRESIDENT
Name	DE LUCCA, CHARLES III
Address	6840 QUEEN PALM TERRACE
City-State-Zip:	MIAMI LAKES FL 33014

Title	SECRETARY, DIRECTOR
Name	VELEZ, CARLOS
Address	9135 SW 123 STREET
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	STERN, MICHAEL
Address	253 NE 2ND STREET APT. #1710
City-State-Zip:	MIAMI FL 33132

Title	DIRECTOR
Name	TONINO, MICHAEL
Address	463 MENDON ROAD
City-State-Zip:	ATTLEBORO MA 02703

Title	TREASURER, DIRECTOR
Name	MIGUEL, ANDY
Address	2370 SW 19TH STREET
City-State-Zip:	MIAMI FL 33145

Title	DIRECTOR
Name	FURNARI, JOEL
Address	710 SE 29 DRIVE
City-State-Zip:	HOMESTEAD FL 33033

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

SIGNATURE: CHARLES DELUCCA III**PRESIDENT****04/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date