			CC3968	020015
Current Prin	cipal Place of Business:			
1712 LANSDALE	EAVE			
NORTH PORT,	FL 34286			
Current Mail	ing Address:			
	-			
1712 LANSD				
NORTHPOR	T, FL 34286 US			
FEI Number: 27-2061177 Certificate of Status Des			red: No	
Name and A	ddress of Current Registered Agent:			
JOHNSON, ZAC	HARY M			
,				
1712 LANSDALE				
1712 LANSDALE NORTH PORT, I				
NORTH PORT, I		ered office or regist	ered agent, or both, in the State of Flo	rida.
NORTH PORT, I	FL 34286 US	ered office or regist	ered agent, or both, in the State of Flo	rida. 02/04/2015
NORTH PORT, I	FL 34286 US entity submits this statement for the purpose of changing its regist	ered office or regist	ered agent, or both, in the State of Flo	
NORTH PORT, I	 FL 34286 US entity submits this statement for the purpose of changing its regist ZACHARY M. JOHNSON Electronic Signature of Registered Agent 	ered office or regist	ered agent, or both, in the State of Flo	02/04/2015
NORTH PORT, I The above named SIGNATURE	 FL 34286 US entity submits this statement for the purpose of changing its regist ZACHARY M. JOHNSON Electronic Signature of Registered Agent 	ered office or regist	ered agent, or both, in the State of Flo	02/04/2015
NORTH PORT, I The above named SIGNATURE Officer/Direc	 EL 34286 US entity submits this statement for the purpose of changing its regist ZACHARY M. JOHNSON Electronic Signature of Registered Agent etor Detail : 			02/04/2015
NORTH PORT, I The above named SIGNATURE Officer/Direc Title	 FL 34286 US entity submits this statement for the purpose of changing its regist ZACHARY M. JOHNSON Electronic Signature of Registered Agent etor Detail : PRESIDENT 	Title	VP, (PRESIDENT ELECT)	02/04/2015
NORTH PORT, I The above named SIGNATURE Officer/Direc Title Name Address	 FL 34286 US entity submits this statement for the purpose of changing its regist ZACHARY M. JOHNSON Electronic Signature of Registered Agent etor Detail : PRESIDENT CROFT, DALE B 	Title Name	VP, (PRESIDENT ELECT) GASPARINI, JOE 1066 DEER RUN DRIVE	02/04/2015

Name

Address

City-State-Zip:

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: ZACHARY M. JOHNSON

JOHNSON, BILL

SECRETARY

MILLAR, MARK

APOPKA FL 32703

5770 STONE POINTE DRIVE

3710 JASON DWELLEY PARKWAY

SARASOTA FL 34233

Electronic Signature of Signing Officer/Director Detail

TREASURER

JOHNSON, ZACHARY

1712 LANSDALE AVE

NORTH PORT FL 34286

Date

02/04/2015

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000000136

Entity Name: CENTRAL FLORIDA SPORTS TURF MANAGERS ASSOCIATION, INIC

Name

Title

Name

Address City-State-Zip:

Address

City-State-Zip:

FILED Feb 04, 2015 Secretary of State CC5968825679