

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000001635

**Entity Name:** STA DISC GOLF CLUB INC

**Current Principal Place of Business:**

3525 BOBWOOD DRIVE  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

3525 BOBWOOD DRIVE  
SAINT AUGUSTINE, FL 32086 US

**FEI Number: 86-2060240**

**Certificate of Status Desired: No**

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

BOWEN, WILLIAM L  
3525 BOBWOOD DRIVE  
SAINT AUGUSTINE, FL 32086 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 S-T  
Name BOWEN, WILLIAM L  
Address 3525 BOBWOOD DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title VP  
Name SAVARD, RUSSELL  
Address 1950 POWELL RD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title DIRECTOR  
Name WILLIAMS, EZEKIEL  
Address 1970 CARL W STEWART RD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title PRESIDENT  
Name SAMPLES, MITCHELL  
Address 286 N. PEACHTREE ST.  
City-State-Zip: HASTINGS FL 32145

Title DIRECTOR  
Name GUTTINGER, WALT  
Address 307 MARSHSIDE DRIVE N  
City-State-Zip: SAINT AUGUSTINE FL 32080

*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: WILLIAM L. BOWEN**

**SECRETARY/TREASURER 01/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date