

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 18, 2009  
Secretary of State**

DOCUMENT# N06000001082

Entity Name: AMATEUR GOLF LEAGUE OF PB CORPORATION

**Current Principal Place of Business:**

8340 WEST LAKE DRIVE  
LAKE CLARKE SHORES, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

8340 WEST LAKE DRIVE  
LAKE CLARKE SHORES, FL 33406

**New Mailing Address:**

FEI Number: 68-0621007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CONTE, PAT  
8340 WEST LAKE DRIVE  
LAKE CLARKE SHORES, FL 33406      US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: BERGHAUS, TED  
Address: 8340 WEST LAKE DRIVE  
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: D      ( ) Delete  
Name: CONTE, PAT  
Address: 8340 WEST LAKE DRIVE  
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: DT      ( ) Delete  
Name: BOUNDS, JIM  
Address: 9839 SUNPORT DR  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D      ( ) Delete  
Name: PINCANO, JOHN  
Address: 8340 W LAKE DR  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA M CONTE

D

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date