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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 04 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N10327

(7)

THE P.G.A. BOULEVARD CONCOURSE ASSOCIATION, INC.

Principal Place of Business Mailing Address 2255 GLADES RD., SUITE 237W 2255 GLADES RD., SUITE 237W **BOCA RATON FL 33431-7395** BOCA RATON FL 33431 3a. Date of Last Report 05/01/1996 3. Date Incorporated or Qualified 07/19/1985 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-2659669 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUBENSTEIN, MITCHELL Street Address (P.O. Box Number is Not Acceptable) 82 2255 GLADES RD., SUITE 237W 83 **BOCA RATON FL 33431** 84 Ćity 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typod or printed name of registered agent and title if applicable, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VD DELETE 1.1 TITLE Change Addition TITLE KAYE, JUDITH NAME 1.2 NAME 1201 US HWY ONE #8 STREET ADDRESS 1.3 STREET ADDRESS N.PALM BEACH FL 1.4 CITY-ST-ZIP CITY+ST-ZIP Addition DELETE Change TITLE 2.1 TITLE GREENSIDE, KEITH NAME 2.2 NAME 1201 U.S. HWY ONE #8 STREET ADDRESS 2.3 STREET ADDRESS N.PALM BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE RUBENSTEIN, MITCHELL NAME 3.2 NAME 2255 GLADES RD #237W STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-7IP 3.4. CITY - ST - ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ■ Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I do 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 indicated 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.

SIGNATURE:

SIGNATURE:

BIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIFT COMMENTS.

Date

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