


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N10327**

1. Entity Name  
**THE P.G.A. BOULEVARD CONCOURSE ASSOCIATION, INC.**



Principal Place of Business  
**2255 GLADES RD., SUITE 221A  
 BOCA RATON, FL 33431**

Mailing Address  
**2255 GLADES RD., SUITE 221A  
 BOCA RATON, FL 33431**



04172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2659669**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUBENSTEIN, MITCHELL  
 2255 GLADES RD., SUITE 221A  
 BOCA RATON, FL 33431**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$81.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAYE, JUDITH 1201 US HWY ONE #8 N.PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREENSIDE, KEITH 1201 U.S. HWY ONE #8 N.PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBENSTEIN, MITCHELL 2255 GLADES RD #221A BOCA RATON, FL 33431
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 05/21/08-80117-011 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other filer empowered.

SIGNATURE: *Mitchell* **4-17-08** **561-998-8001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #