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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # V32990 (6)

**1. Corporation Name
CLUB PGA, INC.
PGA TOURNAMENT CORPORATION, INC.**

**Principal Place of Business Mailing Address
100 AVENUE OF THE CHAMPIONS 100 AVENUE OF THE CHAMPIONS
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/01/1992 3a. Date of Last Report 02/04/1994
4. FEI Number 65-0394725 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
GARRITY, CHRISTINE M. 81 Name 100 AVENUE OF THE CHAMPIONS 82 Street Address (P.O. Box Number is Not Acceptable) 83 600001465266 -04/26/95--01057--012 84 City **200.00FL***200.00**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP AWTREY, JIM L. 100 AVE OF THE CHAMPIONS PALM BEACH GRDNS FL	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY - ST - ZIP	S Christine M. Garrity 100 Avenue of the Champions Palm Beach Gardens, Florida 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADDIS, THOMAS 3007 DEHESA RD. EL CAJON CA	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	D Will Mann 100 Avenue of the Champions Palm Beach Gardens, Florida 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHAAL, GARY- 100 AVE. OF THE CHAMPION PALM BCH GRDNS FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	VP Paul Bozin 100 Avenue of the Champions Palm Beach Gardens, Florida 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T POTTINGER, KIRK 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	T Jesse Holshouser 100 Avenue of the Champions Palm Beach Gardens, Florida 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	D Ken Lindsay 100 Avenue of the Champions Palm Beach Gardens, Florida 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jim L. Awtrey, DP 4/11/95 (407) 624-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE