

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90184 047 \*\*\*150.00

DOCUMENT # V32990

1. Entity Name  
 PGA TOURNAMENT CORPORATION, INC.



Principal Place of Business  
 100 AVENUE OF THE CHAMPIONS  
 PALM BEACH GARDENS, FL 33418

Mailing Address  
 100 AVENUE OF THE CHAMPIONS  
 PALM BEACH GARDENS, FL 33418

60022478



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02062006 Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0394725

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 GARRITY, CHRISTINE M.  
 100 AVENUE OF THE CHAMPIONS  
 PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	DP AWTREY, JIM L. <input checked="" type="checkbox"/> Delete 100 AVE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOGIN, PAUL <input type="checkbox"/> Delete 100 AVE. OF THE CHAMPION PALM BCH GRDNS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POTTINGER, KIRK <input type="checkbox"/> Delete 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REMY, JIM <input type="checkbox"/> Delete 100 AVE. OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARRITY, CHRISTINE M <input type="checkbox"/> Delete 100 AVENUE OF THE CHAMPOINS PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITCOMB, BRIAN <input type="checkbox"/> Delete 100 AVE. OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Steranka, Joe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 Avenue of the Champions Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 like empowered.

SIGNATURE: Christine Garrity Christine Garrity 2-17-06 561-385-321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #