

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703878

Entity Name: THE PROFESSIONAL GOLFERS' ASSOCIATION OF AMERICA**Current Principal Place of Business:**100 AVENUE OF CHAMPIONS
PALM BEACH GARDENS, FL 33418-3653**Current Mailing Address:**100 AVENUE OF CHAMPIONS
PALM BEACH GARDENS, FL 33418-3653**FEI Number:** 59-0785835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLASBAND, ANDREW T
100 AVENUE OF THE CHAMPIONS
PALM BCH. GARDENS, FL 33418 US*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:** ANDREW BLASBAND

03/02/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	COO/SECRETARY
Name	CRALL, DARRELL
Address	100 AVENUE OF THE CHAMPIONS
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	P
Name	BEVACQUA, PETER
Address	100 AVENUE OF THE CHAMPIONS
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	D
Name	LEVY, PAUL
Address	100 AVENUE OF CHAMPIONS
City-State-Zip:	PALM BEACH GARDENS FL 33418-3653

Title	D
Name	SPRAGUE, DEREK
Address	100 AVENUE OF THE CHAMPIONS
City-State-Zip:	PALM BEACH GRDNS FL 33418

Title	D
Name	WHALEY, SUZY
Address	100 AVENUE OF THE CHAMPIONS
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	CFO
Name	AIME, RHONA
Address	100 AVENUE OF CHAMPIONS
City-State-Zip:	PALM BEACH GARDENS FL 33418-3653

I hereby 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 all other like empowered.

SIGNATURE: DARRELL CRALL**SECRETARY**

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date