

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001447

**Entity Name:** NATIONAL GOLF COURSE RESTAURANT ASSOCIATION, INC.

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**CC4777838307**

**Current Principal Place of Business:**

8805 TAMIAMI TRAIL N  
#317  
NAPLES, FL 34108

**Current Mailing Address:**

8805 TAMIAMI TRAIL N  
#317  
NAPLES, FL 34108

**FEI Number: 26-0715829**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COHEN, STEVE  
8805 TAMIAMI TRAIL N  
NAPLES, FL 34108 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	S	Title	C
Name	WAXIN, PATRIK	Name	COHEN, STEPHEN
Address	8805 TAMIAMI TRAIL N	Address	105 QUEENS WAY
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	PONTE VEDRA BEACH FL 32082

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHEN COHEN**

**CEO**

**04/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date