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.

CEO

SIGNATURE: STEPHEN COHEN

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 8805 TAMIAMI TRAIL N

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: NATIONAL GOLF COURSE RESTAURANT ASSOCIATION, INC.

#317 NAPLES, FL 34108

Current Mailing Address:

DOCUMENT# F10000001447

8805 TAMIAMI TRAIL N #317 NAPLES, FL 34108

FEI Number: 26-0715829

Name and Address of Current Registered Agent:

COHEN, STEVE 105 QUEENS WAY PONTE VEDRA BEACH, FL 32082 US

City-State-Zip: NAPLES FL 34108

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	С		
Name	WAXIN, PATRIK	Name	COHEN, STEPHEN		
Address	8805 TAMIAMI TRAIL N	Address	105 QUEENS WAY		

Certificate of Status Desired: No

City-State-Zip: PONTE VEDRA BEACH FL 32082

FILED Apr 10, 2014 Secretary of State CC7331243944

> 04/10/2014 Date