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

Electronic Signature of Signing Officer/Director Detail

#### **Officer/Director Detail :**

Sincer/Director Detail.				
Title	S	Title	С	
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	

# 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F10000001447

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

## **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

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

COHEN, STEVE 8805 TAMIAMI TRAIL N NAPLES, FL 34108 US

SIGNATURE: Electronic Signature of Registered Agent

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.

02/12/2019

FILED Feb 12, 2019 Secretary of State 5290126822CC

Certificate of Status Desired: No

Date

CEO