

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 199515

FILED
Jan 09, 2004
Secretary of State

Entity Name: THE AMERICAN GOLFER'S CLUB INC.

Current Principal Place of Business:

3801 BAYVIEW DRIVE
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

C/O CFO ACCOUNTING
3801 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 59-0789877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER (GIP)
201 S BISCAYNE BLVD
MIAMI, FL 331319767 US

Name and Address of New 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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: JONES, R T JR
Address: 705 FOREST AVENUE
City-St-Zip: PALO ALTO, CA 94301

Title: D () Delete
Name: CARR, WILLIAM T
Address: 5 WOODLAND AVENUE
City-St-Zip: BRONXVILLE, NY 10708

Title: DC () Delete
Name: JONES, REES L
Address: 55 S PARK STREET
City-St-Zip: MONTCLAIR, NJ 07042

Title: D () Delete
Name: GOODWILLIE, EUGENE W
Address: 1155 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: CFO () Delete
Name: HUNT, PAULA J
Address: 3801 BAYVIEW DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WANDA KROLIKOWSKI

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01/09/2004

Electronic Signature of Signing Officer or Director

_____ Date