




**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 330793</b>			
1. Entity Name <b>PGA RESORTS COMPANY</b>			
Principal Place of Business <b>1555 PALM BEACH LKS. BLVD. #1100 P.O. BOX 3267 W. PALM BEACH, FL 33402</b>		Mailing Address <b>C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH, FL 33402</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01082007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-1228393</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>ECCLESTONE, E.L., JR. 1555 PALM BEACH LKS. BLVD. #1100 WEST PALM BEACH, FL 33401</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ECCLESTONE, E.L., JR., 1555 PALM BCH LKS. BLVD W PALM BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVTD COOPER, RON 1555 PALM BCH LKS BLVD W. PALM BCH., FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARRELL, JAMES 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.			
SIGNATURE: 		<b>RON COOPER EXECUTIVE VICE PRESIDENT</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	