

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29 1996 8:00 am
Secretary of State

DOCUMENT # 730631 (9)

1. Corporation Name
PALM BEACH COUNTY JUNIOR GOLF ASSOC., INC.



Principal Place of Business Mailing Address
13857 WELLINGTON TRACE SUITE D-1 WEST PALM BEACH FL 33414
13857 WELLINGTON TRACE SUITE D-1 WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified **09/09/1974** 3a. Date of Last Report **10/06/1995**

2. Principal Place of Business 2a. Mailing Address
21 **12769 W. FOREST HILL** 26 **12769 W. FOREST HILL**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE E** 27 **STE E**

City & State City & State
23 **WELLINGTON, FL** 28 **WELLINGTON, FL**

Zip Country Zip Country
24 **33414** 25 **USA** 29 **33414** 30 **USA**

4. FEI Number **59-1781898** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

HARRIS, JOHN
13857 WELLINGTON TRACE
SUITE D-1
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
12769 W. FOREST HILL SUITE E
83
84 City **WELLINGTON** 85 Zip Code **FL 33414**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John Harris* 1/19/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HESLIN, PAT	
STREET ADDRESS	7500 ST. ANDREWS ROAD	
CITY - ST - ZIP	LAKE WORTH FL 33467	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HARRIS, JOHN	
STREET ADDRESS	12764 PINEACRE CT	
CITY - ST - ZIP	W PALM BCH FL 33414	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PRESSLY, KATIE	
STREET ADDRESS	133 SEASARAM AVE	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAMOS, BEVERLY	
STREET ADDRESS	1906 DERBY TRAIL	
CITY - ST - ZIP	WEST PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Harris* Treasurer 1/19/96 (407) 790-2092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)