


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 730631 (9)**

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



Principal Place of Business <b>12769 W FOREST HILL SUITE E WELLINGTON FL 33414 US</b>	Mailing Address <b>12769 W FOREST HILL SUITE E WELLINGTON FL 33414 US</b>
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3. Date Incorporated or Qualified <b>09/09/1974</b>	3a. Date of Last Report <b>01/29/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-1781898</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>DIRECTOR</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HESLIN, PAT</b>		1.2 NAME	
STREET ADDRESS <b>7500 ST. ANDREWS ROAD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE WORTH FL 33487</b>		1.4 CITY-ST-ZIP	
TITLE <b>T</b>	<b>DIRECTOR</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRIS, JOHN</b>		2.2 NAME	
STREET ADDRESS <b>12764 PINEACRE CT</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>W PALM BCH FL 33414</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<b>DIRECTOR</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRESSLY, KATIE</b>		3.2 NAME	
STREET ADDRESS <b>133 SEASARAM AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH FL 33480</b>		3.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<b>DIRECTOR</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RAMOS, BEVERLY</b>		4.2 NAME	
STREET ADDRESS <b>1906 DERBY TRAIL</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33414</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **JOHN HARRIS** TREASURER 1/16/97 (561) 790-2092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **0078648**

CR2E037 (9/96)