

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# 730631

Entity Name: PALM BEACH COUNTY JUNIOR GOLF ASSOC., INC.

Current Principal Place of Business:

1300 WOOD ROW WAY
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 145
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 59-1781898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DENISE
17 WINDWARD ISLE
PALM BEACH GARDENS, FL 33418 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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SHERMAN, GREG S
Address: 9960 PINEAPPLE TREE WAY #208
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD () Delete
Name: EVELYN, SHEILA
Address: 1300 WOODROW WAY
City-St-Zip: WEST PALM BEACH, FL 33414

Title: TD () Delete
Name: EVELYN, SHEILA
Address: 1300 WOOD ROW WAY
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D () Delete
Name: MCLELLAN, MIKE
Address: 5840 AMETHYST COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: SMYTH, DENISE
Address: 17 WINDWARD ISLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD () Delete
Name: GARTIN, BILL
Address: 6209 UNGERER ST.
City-St-Zip: JUPITER, FL 33458

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE SMYTH

TD

04/29/2004

Electronic Signature of Signing Officer or Director

Date