

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90184 044 ****61.25

DOCUMENT # 741823

1. Entity Name
PGA FOUNDATION, INC.



Principal Place of Business
100 AVENUE OF THE CHAMPIONS
PALM BEACH GARDENS, FL 33418-3653 US

Mailing Address
100 AVENUE OF THE CHAMPIONS
PALM BEACH GARDENS, FL 33418-3653 US

00000001



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-1809626

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRITY, CHRISTINE M
100 AVENUE OF THE CHAMPIONS
PALM BEACH GARDENS, FL 33418

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	AWTREY, JIM L	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	
CITY - ST - ZIP	PALM BEACH GARDENS, FL	
TITLE	COO	<input type="checkbox"/> Delete
NAME	BOGIN, PAUL	
STREET ADDRESS	100 AVE OF THE CHAMPIONS	
CITY - ST - ZIP	PALM BEACH GRDN, FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GARRITY, CHRISTINE M	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	
CITY - ST - ZIP	PALM BEACH GARDENS, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WARREN, ROGER	
STREET ADDRESS	100 AVENUE OF CHAMPIONS	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	TO	<input type="checkbox"/> Delete
NAME	POTTINGER, KIRK	
STREET ADDRESS	100 AVENUE OF TH CHAMPIONS	
CITY - ST - ZIP	PALM BEACH GARDENS, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ORENDER, M.G.	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	
CITY - ST - ZIP	PALM BCH GARDENS, FL 33418	

TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steranka, Joe	
STREET ADDRESS	100 Avenue of the Champions	
CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Remy, Jim	
STREET ADDRESS	100 Avenue of the Champions	
CITY - ST - ZIP	Palm Beach Gardens, FL 33418	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Garrity Christine Garrity 2-17-06 561-624-8485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #