SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Aug 21 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthami Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 748475 (1) PALM BEACH COUNTY AMATEUR GOLF ASSOCIATION, INC. Principal Place of Business Mailing Address 2100 EMERALD DUNES DR. 2100 EMERALD DUNES DR. WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/10/1979 02/27/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2151354 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KESNER, JOE 82 is Not Acceptable) errace 1004 THE POINTE DR. 83 WEST PALM BEACH FL 33409 84 City Gardens 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 Torida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with applications of Section 617.0503, Florida Statutes. Executve (NOTE: Registered Agent signatu 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change secretan 1.1 TITLE TITLE lΩ, BOREN NAME **BRAYNT, ROBERT** 1.2 NAME 10334 SEAGRAPEWAY Malo Ct. STREET ADDRESS 1.3 STREET ADDRESS 3329 PALM BEACH GARDENS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP OFI FIF Change 2.1 TITLE Addition VD. D NAME SCOTT, ALAN 2.2 NAME OK STREET ADDRESS 25F LEXINGTON LANE WEST 2.3 STREET ADDRESS PALM BEACH GARDENS FL 2.4 CITY-ST-ZIP CITY-ST-ZIP **X** DELETE TREASURG Change Change Addition 3.1 TITLE TITLE (0)BAROUSCE 14766 FARRIER NAME HANLON, TIM 3.2 NAM place 215 8593 WAKEFIELD DRIVE STREET ADDRESS 3.3 STREET ABORESS 33470 33444 PALM BEACH GARDENS FL 3.4. CITY - ST - ZIP Kanatohee CITY-ST-ZIP DELETE Change Addition TITLE CD 4.1 TITLE CHMRMAN 0) MISTRETTA NAME SMITH, RUDY 4. 2 NAME 4179-A PALM BAY CIRCLE 4.3 STREET ADDRESS INLET STREET ADDRESS 33408 WEST PALM BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 changet; or direct productions and that my name appears in Block 12 or Block 13 if changet; or direct productions and that my name appears in Block 12 or Block 13 if changet; or direct productions and that my name appears in Block 12 or Block 13 if changet; or direct productions are the same legal effect as if made under oath; that

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