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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **748475** **(1)**

1. Corporation Name

PALM BEACH COUNTY AMATEUR GOLF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2100 EMERALD DUNES DR. WEST PALM BEACH FL 33411	2100 EMERALD DUNES DR. WEST PALM BEACH FL 33411

3. Date Incorporated or Qualified: 08/10/1979

4. FEI Number: 59-2151354 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BELEN, TOMMY
806 8TH TERR
PALM BCH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 _____ DATE
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	SD	☒ DELETE	1.1 TITLE	See. SD	☐ Change ☒ Addition
NAME	BOREN, MELVIN		1.2 NAME	PAUL F. GRONDAHL	
STREET ADDRESS	3329 ST MALO CT		1.3 STREET ADDRESS	2721 VILLAGE BLVD. #403	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	VD	☒ DELETE	2.1 TITLE	V.P. VD	☐ Change ☒ Addition
NAME	SCOTT, ALAN		2.2 NAME	PATRICK J. ROONEY, JR	
STREET ADDRESS	25F LEXINGTON LANE WEST		2.3 STREET ADDRESS	6659 Audubon Trace West	
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE	TD	☒ DELETE	3.1 TITLE	Treas. TD	☒ Change ☐ Addition
NAME	BAROUSSE, LARRY		3.2 NAME	MRL BOREN	
STREET ADDRESS	14766 FARRIER PL		3.3 STREET ADDRESS	3329 ST. MALO CT.	
CITY-ST-ZIP	WEST PALM BCH FL		3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	CD	☒ DELETE	4.1 TITLE	CHAIR CD	☐ Change ☒ Addition
NAME	MISTRETA, CARL		4.2 NAME	BUBBY BRYANT	
STREET ADDRESS	404 INLST RD		4.3 STREET ADDRESS	10334 SEAGRAPE WAY	
CITY-ST-ZIP	NORTH PALM BCH FL		4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 an attachment with an address.

SIGNATURE: [signature] Director 2/11/98