

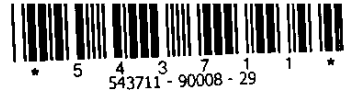
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748475

1. Corporation Name

PALM BEACH COUNTY GOLF ASSOCIATION, INC.

Principal Place of Business 2100 EMERALD DUNES DR. WEST PALM BEACH FL 33411	Mailing Address 2100 EMERALD DUNES DR. WEST PALM BEACH FL 33411
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 21 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/10/1979
22 City & State	27 City & State	4. FEI Number 59-2151354
23 Zip	28 Zip	5. Certificate of Status Desired ☐ \$9.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BELEN, TOMMY 808 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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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 submitting)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☐ DELETE	1.1 TITLE	Treasurer ☐ Change ☐ Addition
NAME	FRONDAHL, PAUL F	1.2 NAME	Grandahl, Paul F
STREET ADDRESS	2721 VILLAGE BLVD #403	1.3 STREET ADDRESS	321 Plymouth Road
CITY-ST-ZIP	WEST PALM BCH FL 33409	1.4 CITY-ST-ZIP	W.P.B. FL 33405
TITLE	VD ☐ DELETE	2.1 TITLE	Chairman ☐ Change ☐ Addition
NAME	ROONEY, PATRICK J JR	2.2 NAME	Patrick Rooney
STREET ADDRESS	6659 AUDUBON TRACE WEST	2.3 STREET ADDRESS	6659 AUDUBON TR. WEST
CITY-ST-ZIP	WEST PALM BCH FL 33412	2.4 CITY-ST-ZIP	W.P.B. FL 33412
TITLE	TD ☐ DELETE	3.1 TITLE	Vice Chairman ☐ Change ☐ Addition
NAME	BOREN, MEL	3.2 NAME	MEL BOREN
STREET ADDRESS	3329 ST MALO CT	3.3 STREET ADDRESS	3329 ST. MALO CT
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	P.B.G. FL 33410
TITLE	CD ☐ DELETE	4.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	BRYANT, BOBBY	4.2 NAME	John Lippert
STREET ADDRESS	10334 SEAGRAPE WAY	4.3 STREET ADDRESS	3015 Burgoyne Ln
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	4.4 CITY-ST-ZIP	W.P.B. FL 33409
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	

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, as on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Belen
 Thomas Belen

2-2-99 (561)625-0400

CR2037 (11/88)