2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 748475 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name PALM BEACH COUNTY GOLF ASSOCIATION. INC. 03-13-2000 90030 038 ****61.25 Principal Place of Business Mailing Address 2100 EMERALD DUNES OR. 2100 EMERALD DUNES DR. WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2151354 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BELEN, TOMMY 806 8TH TERR PALM BCH GARDENS FL 33418 City Zip Code FI 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Make Check Payable to Trust Fund Contribution. Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (200) Vice Chairman ☐ Change Addition Delete TITLE TITLE Gronoahl, Paul F FRONDAHL, PAUL F NAME NAME 321 Plymouth RD CR2E037 STREET ADORESS STREET ADDRESS 321 PLYMOUTH RD West Polm Beach, FL. 33405 CITY-ST-ZIP CITY-ST-7IP WEST PALM BCH FL 33405 Kyle Henderson - Secretary ☐ Change TITLE TITLE **∠** Delete ROONEY, PATRICK J JR NAME NAME 6420 64th Way STREET ADORESS STREET ADDRESS 6659 AUDUBON TRACE WEST West folm Beach Fl. 33409 CITY-ST-7IP CITY-ST-7IP WEST PALM BCH FL 33412 ☐ Addition ChaiRMAN TITLE ☐ Delete TITLE Change BOREN, MEL NAME HAME STREET ADDRESS STREET ADORESS 3329 ST MALO CT CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL 33410 Treasurel Change ☐ Addition ☐ Delete ΠΠF TITLE LIPAR, JOHN NAME NAME STREET ADDRESS 3015 BURGOYNE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WPB FL 33409 Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete mie ☐ Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify 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 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.

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SIGNATURE: .

SIGNATURE REQUIRED \

9500

Date

56/ 6250 400

Daytime Phone