2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90469 031 ****61.25

0050487

DOCUMENT # 748475

1. Entity Name

PALM BEACH COUNTY 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

C00035069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 32123 Suite, Apt. #, etc.
City & State	City & State PBG, FL
Zip / Country	Zip 33420 / Country Palm Beach

4. FEI Number 59-2151354 ☐ 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
BELEN, TOMMY 806 8TH TERR PALM BCH 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRONDAHL, PAUL F 321 PLYMOUTH RD WEST PALM BCH FL 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Paul Grondahl 1401 Village BLVD Apt #624 WPB, FL 33409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ROONEY, PATRICK J JR 6659 AUDUBON TRACE WEST WEST PALM BCH FL 33412	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Kyle Henderson 6420 64th Way WPB, FL 33409	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOREN, MEL 3329 ST MALO CT PALM BCH GARDENS FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Troy Wheat 9832 Kamena Circle Boynton Bch, FL 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LIPAR, JOHN 3015 BURGOYNE LN WPB FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ VD John Lipari 3015 Burgoyne LN WPB, FL 33409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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: SIGNATURE REQUIRED 3-5-01 5616250400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #