

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748475

FILED
Apr 15, 2004
Secretary of State

Entity Name: PALM BEACH COUNTY GOLF ASSOCIATION, INC.

Current Principal Place of Business:

2100 EMERALD DUNES DR.
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

P O BOX 32123
WEST PALM BEACH, FL 33411

New Mailing Address:

P O BOX 32123
WEST PALM BEACH, FL 33420

FEI Number: 59-2151354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GRONDAHL, PAUL
Address: 1401 VILLAGE BLVD APT 624
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VC () Delete
Name: HENDERSON, KYLE
Address: 6420 64TH WAY
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD () Delete
Name: HATFIELD, CHRIS
Address: 277 CYPRESS PT DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T () Delete
Name: LIPAR, JOHN
Address: 3015 BURGOYNE LN
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: HENDERSON, KYLE
Address: 4841 BERKLEY MEW
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VC (X) Change () Addition
Name: JOHN, ARRIGO
Address: 2630 TECUMSEH DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD (X) Change () Addition
Name: WESTON, GEORGE
Address: 209 DEBRA LANE
City-St-Zip: PALM BEACH, FL 33480

Title: T (X) Change () Addition
Name: COFFEY, BRIAN
Address: 17320 S.E. CONCH BAR AVENUE
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE HENDERSON

CH

04/15/2004

Electronic Signature of Signing Officer or Director

Date