

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90096 044 ****61.25

DOCUMENT # 748475					
1. Entity Name PALM BEACH COUNTY GOLF ASSOCIATION, INC.					
Principal Place of Business 2100 EMERALD DUNES DR. WEST PALM BEACH, FL 33411			Mailing Address P O BOX 32123 WEST PALM BEACH, FL 33420		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2151354	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HENDERSON, KYLE 4841 BERKLEY MEW WEST PALM BEACH, FL 33415	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JOHN, ARRIGO 2630 TECUMSEH DRIVE WEST PALM BEACH, FL 33409	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESTON, GEORGE 209 DEBRA LANE PALM BEACH, FL 33480	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COFFEY, BRIAN 17320 S.E. CONCH BAR AVENUE TEQUESTA, FL 33469	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARK DUTLER 40 PINNACLE COVE PBG, FL 33418	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

50011407



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