2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# 748475

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 33420

New Mailing Address:

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: DUTLER, MARK
Address: 40 PINNACLE COVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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

Title: T ( ) Delete
Name: ROONEY, JR., PATRICK
Address: 1111 N. CONGRESS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TOMMY BELEN EX 04/12/2007

Electronic Signature of Signing Officer or Director — Date