

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN -2 AM 9:00



1. Name of Limited Partnership

1a. DOCUMENT #
A33159

G. S. NORTH, LTD.

Mailing Address
C/O PGA ONE, INC.
1540 LATHAM ROAD
WEST PALM BEACH FL 33409

Principal Office Address
C/O PGA ONE, INC.
1540 LATHAM ROAD
WEST PALM BEACH FL 33409

3. Date Formed or Registered
06/30/1992

5a. Capital Contributions as
Shown on record.
\$17,500.00

3a. Date of Last Report
02/19/1996

5b. Amount of Capital
Contributions in FLORIDA
to date.
17,500

2. Mailing Address
4300 Catalfume Way
Suite, Apt. #, etc.

2a. Principal Office Address
4300 Catalfume Way
Suite, Apt. #, etc.

4. State or Country of Formation
FL

6. FEI Number
~~65-0070158~~
65-0663515
☐ Applied For
☐ Not Applicable

City & State
Palm Beach Gardens, FL
Zip Country
33410

City & State
Palm Beach Gardens, FL
Zip Country
33410

7. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

PGA ONE, INC.
1540 LATHAM ROAD
WEST PALM BEACH FL 33409

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
4300 Catalfume Way
Suite, Apt. #, etc.
City State Zip Code
Palm Beach Gardens FL 33410

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) ☒

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

PGA ONE, INC.

1540 LATHAM ROAD

WEST PALM BEACH FL

V38531

200002057652--4
-01/14/97--01161--004
****270.00 ****270.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number