

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90294 049 \*\*\*158.75

**DOCUMENT # F76352**

1. Corporation Name

PGA/PGA TOUR PROPERTIES, INC.

Principal Place of Business

112 PGA TOUR BLVD  
PONTE VEDRA BCH. FL 32082  
US

Mailing Address

112 PGA TOUR BLVD  
PONTE VEDRA BCH. FL 32082  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1982

4. FEI Number

59-2187951

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORHOUSE, EDWARD L.  
112 PGA TOUR BLVD  
PONTE VEDRA BCH. FL 32082

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME FINCHEM, TIMOTHY  
STREET ADDRESS 7160 MARSH HAWK CT.  
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ZINK, CHARLES L  
STREET ADDRESS 20 POINCIANA WAY  
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 104 Planters Row East  
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE DV ☐ DELETE  
NAME MOORHOUSE, EDWARD L  
STREET ADDRESS 8009 WHISPER LAKE LANE  
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME TRIOLA, JAMES  
STREET ADDRESS 1165 SALT MARSH CIRCLE  
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 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

*James C. Triola*  
James C. Triola

4/14/99

Date

904/285-3700

Daytime Phone #

CR2E034 (11/98)