2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J39680

1. Entity Name PGA GOLF PROPERTIES, INC.



FILED Feb 28, 2005 8:00 am Secretary of State

02-28-2005 90198 043 ***150.00

P.O.BOX 109	OF THE CHAMPIONS 601 Gardens, FL 33410-9601	100 AVENUE OF THE CHAMPIONS P.O.BOX 109601 PALM BEACH GARDENS, FL 33410-9601				I IEBIITO DIA		Milit ibizi buzi	DIDJE DITTI TIDJE	AJAN ATOM EIGI	(80) (1 186)
2. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02082005 Chg-P CR2E034 (10/03)					
City & State	9	City & State							plied For at Applicable		
Zip	Country	Zip	Count	try		5. Certificate	of Status	s Desired		8.75 Add ee Require	
	6. Name and Address of Current R	egistered Agent				7. Name and	Addres	s of New Re	egistered Ac	jent	
-:-DIT				Name							
100 AVEN	CHRISTINE M UE OF THE CHAMPIONS CH GARDENS, FL 33418				Street Address (P.O. Box Number is Not Acceptable)						
TALIVI DE	OH GANDERO, LE SONIO										
				City					FL	Zip Cod	e
	named entity submits this statement for	the purpose of changing its	registere	ed office or i	register	ed agent, or bo	oth, in the	State of Flo	rida. I am fa	miliar with,	and accept
the obligati	ions of registered agent.										İ
SIGNATURE_	Signature, typed or printed name of registered agent an	···· d (MOTI	:			* Townstown			SATE		
	Signature, typed or printed name or registered agent an	d title if applicable: (NU1)	E: Hegistered	d Agent signatur	re required	when reinstating)	1		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				ncing		00 May Be ed to Fees					
							1				
10.	OFFICERS AND D	DIRECTORS	11.			ADDITIONS	/CHANG	ES TO OFFI	CERS AND	DIRECTOR	
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12. I hereby certify that the information supplied with this filling 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 607, 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SKRING OFFICER OR DIRECTOR

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2/22/15

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Daytime Phone #