2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J39680



FILED Mar 08, 2006 8:00 am Secretary of State 03-08-2006 90184 003 ***150.00

1. Entity Name PGA GOLF PROPERTIES, INC.							UUUMMIII				
Principal Place of Business 100 AVENUE OF THE CHAMPIONS P.O.BOX 109601 PALM BEACH GARDENS, FL 33410-9601			Mailing Address 100 AVENUE OF THE CHAMPIONS P.O.BOX 109601 PALM BEACH GARDENS, FL 33410-9601				1	0 0 0 0			1
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02142006	Chg-P	CR2E	034 (11/05)	
City & State			City & State				4. FEI Numbe 59-276	•			pplied For ot Applicable
Zip		Country	Zip	Žip Country			5. Certificate of Status Desired Serviced \$8.75 Additional Fee Required				
	6. Name	and Address of Current R	tegistered Agent		None		7. Name and	Address of Nev	v Registered	l Agent	
GARRITY,	CHRISTI	NE M			Name						
100 AVENU PALM BEA				Street Address (P.O. Box Number is Not Acceptable)							
					City				F	Zip Coo	de
9 The above	named entity	y submits this statement for	the purpose of changing	ite rogistor	and office or re	ocietoro	d agent, or bot	th in the State of		<u> </u>	and account
	ions of regist		and perpose of citaligning	its rogiotor	ou omoo or re	ogio:0.0	o agont or bot	in, ar the orate or	rionau. Tar	THE PROPERTY OF THE PARTY OF TH	, and decept
SIGNATURE_ 	Signature, typed	or printed name of registered agent #	nd title if applicable. (P	MTE: Benisten	ed Agent signature	e monified v	chen reinstation)		DATE		
		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Cam	paign Fina	ncing	\$5.0	00 May Be d to Fees				
			9. Election Cam Trust Fund C	paign Fina	ncing	\$5.0	00 May Be d to Fees	CHANGES TO C		ND DIRECTOR	RS IN 11
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

	Christine	Garrily	2-17-06	561-624-84	83
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR	<i>J</i>	Date	Daytime Phone #		