


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # K15038 1. Entity Name PGA NATIONAL GOLF AND COUNTRY CLUB, INC.					
Principal Place of Business % E. LLWYD ECCLESTONE, JR. 1555 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33401		Mailing Address % E. LLWYD ECCLESTONE, JR. 1555 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33401			
DO NOT WRITE IN THIS SPACE					
				02112004 No Chg-P CR2E034 (10/03)	
				4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent ECCLESTONE, E. LLWYD, JR. 1555 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33401		DO NOT WRITE IN THIS SPACE			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____ UN0000112694 04/14/04-80032-014 158.75			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD ECCLESTONE, E. LLWYD, JR. 1555 PALM BEACH LAKES BL WEST PALM BEACH, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D COOPER, RON 1555 PALM BEACH LKS BLVD W PALM BEACH, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. 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 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.					
SIGNATURE: Ron Cooper		4/1/04 561/686-2000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			