1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90024 006 \*\*\*952.50

## DOCUMENT # K15039

1. Corporation Name

PCA NATIONAL GOLF CLUB INC

rua na	HONAE GOLF GEOD, INC.							
Principal Place	e of Business	Mailing Address				10 1014 81841 81811 81	311 B/BII 911	)(1 B) B) 1 B)
% E. LLWYD E	CCLESTONE. JR.	% E. LLWYD ECCLESTON	E. JR.					
1555 PALM BEACH LAKES BLVD 1555 PALM BEACH L					DO NOT WE	ALTINO CDA	C.E.	
WEST PALM BI	EACH FL 33401	WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
					02/15/1988			
2 Principa P	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For
2. PIIICIDA P	ace of Dusiness	26			NOT APPLICABLE		+	Applicable
Suite, Abt.	#. etc.	Suite, Apt. #, etc.				<b>√</b> \$	8.75 A	
22	•	27			5. Certifcate of Status Desired		Fee Rec	
City & Stat	e	City & State			6. Election Campaign Financing		5.00 1	1ay Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Courtry	Zip	Cou	ntry	<ol><li>This or reporation owes the curr</li></ol>	_	ole	. <b>x</b>
24	25		30		Personal Property Tax.	<u></u>		<b>∑</b> N₀
	9. Name and Address of Currer	t Registered Agent		94 Name	10. Name and Address of New F	legistered Ager	<u>it</u>	
ECC	LESTONE, E. LLWYD, JR.			81 Name				
1555 PALM BEACH LAKES BLVD			82 Street Acc	dress (P.O. Box Number is Not Accepta	ible)			
WEST PALM BEACH FL 33401			ĺ	83				
******	T TABIN DEACHTE GOTO		,	63				
				84 City		FL 85	Zip Ci	nde
11 0	to the marketone of Continue 607 DEC	2 and 607 1508 Florida Statu	oe the at	nove-pamed co	poration submits this statement for the		nging its r	egistered
office crit	registered agent, or bo h, in the State im familiar with, and accept the obligation	of Florida. Such change was a	uthorized	by the corporati	tion's board of cirectors. I hereby accep	it the appointme	nt as reg	stered
SIGNATURE								
	Signature, typed or printed ria ne of registered age			Agent signature requi		DATE		0.9140
12.	r	ID DIRECTORS	13.		ADDITIC NS/CHANGES TO OF		Change	Addition
TITLE	PD ECCLECTONE E LIMON ID		1.1 111				Charge	
NAME	ECCLESTONE, E. LLWYD, JR 1555 PALM BEACH LAKES BL		1.2 NA					İ
STREET ADDRE 3S	1999 PALM BEACH FACES BL			REET ADDRESS				
CITY-ST-ZIP	D D	☐ DELETE	2.1 TIT	TY-ST-ZIP			Change	Addition
TITLE	COOPER, RON		2.1111 22 NA					
NAME	1555 PALM BEACH LKS BLVD			REET ADDRESS				
STREET ADDRE 3S	W PALM BEACH FL			TY-ST-ZIP				
CITY-ST-ZIP TITLE	W FALM BEACHT E	DELETE	3.1 70	<del>_</del>			Change	Addition
NAME			3.2 NA					
STREET ADDRESS			1	REET ADDRESS				
				TY-ST-ZIP				
CITY-ST-ZIP TITLE		DELETE	4 1 TIT				Change	☐ Addition
NAME	Į.		4.2 N	AME.				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				ry-st-zip				
TITLE		DELETE	5.1 TIT				Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS	l		53 ST	REET ADDRESS				ļ
CITY-ST-ZIP			5.4 CF	TY-ST-ZIP				
TITLE		DELETE	6.1 TR	le			Change	Addition

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 a secute 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 attach nent within address, with a light empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

Ron Cooper Mark

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR

3/18/99

Date

561/686-2000

Daytime Phone #