## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 03, 2005 8:00 am Secretary of State DOCUMENT # K15039 05-03-2005 90156 036 \*\*\*158.75 PGA NATIONAL GOLF CLUB, INC. Principal Place of Business Mailing Address % E. LLWYD ECCLESTONE, JR. 1555 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33401 % E. LLWYD ECCLESTONE, JR. 1555 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Suite # 1100 Suite # 1100 City & State 4. FEI Number City & State Applied For NO-T APPLICABLE Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ECCLESTONE, E. LLWYD, JR. 1555 PALM BEACH LAKES BLVD Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 Zip Code 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition ECCLESTONE, E. LLWYD, JR NAME NAME 1555 PALM BEACH LAKES BL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME COOPER, RON 1555 PALM BEACH LKS BLVD STREET ADDRESS STREET ADDRESS W PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

**FILED** 

Ron Cooper 4/27/05 561-686-2000 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytme Phone # Date

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.