

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # K15039

1. Entity Name

PGA NATIONAL GOLF CLUB, INC.

Principal Place of Business

% E. LLWYD ECCLESTONE, JR.
1555 PALM BEACH LAKES BLVD, STE 1100
WEST PALM BEACH FL 33401

Mailing Address

C/O FLORIDA MANAGEMENT COMPANY
P.O. BOX 3267
WEST PALM BEACH FL 33402

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E034 (10/05)

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD, JR.
1555 PALM BEACH LAKES BLVD, STE 1100
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

ECCLESTONE, E. LLWYD, JR

1555 PALM BEACH LAKES BLVD, STE 1100

WEST PALM BEACH FL 33401

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

COOPER, RON

1555 PALM BEACH LAKES BLVD, STE 1100

WEST PALM BEACH FL 33401

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

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STREET ADDRESS

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Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: RON COOPER AUTHORIZED SIGNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #