


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # K15070</b> 1. Entity Name PGA COUNTRY CLUB, INC.	
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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
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02112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ECCLESTONE, E. LLWYD, JR. 1555 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33401
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UD00000113047  
04/14/04-80048-006 158.75

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
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 561/686-2000

Date Daytime Phone #