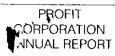
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	CO VI	DIVISION OF CORPORATIONS					
1. Corporation	n Name	K15080	(-)					
PGA G	OLF CLUB OF	FLORIDA, INC	•				N AGU BEGE ÁIGH BEAN	n Billio Birol Gibis ands
Principal Place	e of Business		Mailing Address		~··			
1555 PALM (DECCLESTONE, JR. BEACH LAKES BLVD BEACH FL 33401		% E. LLWYD ECCLES 1555 PALM BEACH L WEST PALM BEACH	AKES BLVD		3. Date Incorporated or Qualified	3a. Date of La	•
2. Principal Pl	lace of Business		2a. Mailing Address			02/15/1988 4. FEI Number	04/20	
21	ace of poemos		26 Walling Address			NOT APPLICABLE		Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				. / 69	Not Applicable 3.75 Additional
22			27			5. Certificate of Status Desired	D-0	Fee Required
City & State	6		City & State			6. Election Campaign Financing		5.00 May Be
23			28			Trust Fund Contribution		Added to Fees
^Ζ φ	Cou	ntry	Zip Country			8. This corporation has liability for	intangible tax unc	fer s 199.032,
24	25		29	30		Florida Statutes	9-7	
	9. Name and Add	ress of Current F	legistered Agent		<u></u>	10. Name and Address of New	Registered Agen	l
500, 50				i	81 Name			
	TONE, E. LLWYD,				82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
1555 PALM BEACH LAKES BLVD				-	00			
WEST P	ALM BEACH FL 33	401			83			
					84 City		85	Zip Code
7						pration submits this statement for the pu		
SIGNATURE:	Signature, typed or printed nar	nic of registered against and		OTE: Rogistered A	iges I signature requir		TAG	
12.	PD	OFFICERS AND D	DELETE	13.		ADDITIONS/CHANGES TO OF		
NAME	ECCLESTONE,	di avvil a		י. 1 זון	i		☐ Cha	inge 🔲 Addition
STREET ADDRESS	1555 PALM BEA			1.2 NAM	·			
CiTY-ST-ZiP	WEST PALM BE				EFT ADDRESS			
TITLE	D	MOIT I E	T DELETE	2 1 I)I	r-st-zip			
NAME	COOPER, RON		[] DECETE	2 2 NAN	-		☐ Cha	nge 🔲 Add-tion
STREET ADDRESS	1555 PALM BEA	CH LKS BLVD			EET ADDRESS			
CITY - ST - ZIP	W. PALM BEACI				r-ST-ZIP			
Title		· · · ·	DELETE	3 1 111			Chai	nge 🗍 Addition
NAME			_	3.2 NAN	1			a- Nonion
STREET ADDRESS					EET ADDRESS			
CITY-ST-ZIP					-ST-7IP			
TITLE			☐ DELFTE	4 1 1111			Cha ⁻	nge 🔲 Addition
NAME				4.2 NAM	l£			_
STHEET ADDRESS				4.3 STR	EFT ADDRESS			ļ
CITY-ST-ZIP				4.4 CrTY	-ST-71P			Í
117LE			DELETE	5 1 1111	.t		☐ Char	nge Addition
NAME				5.2 NAM	!E			
STREET ADDRESS				5 3 S1R	EF ADUPESS			
CITY - ST - ZIP			E Deserv		- S1 ZIP			
TITLE			☐ DEFELE	& 1 TITL			Cnar	nge 🔲 Addition
NAME				6.2 NAM				
STREET ADDRESS					FT ADDRESS			
CHY-ST-ZIP	certify that the inform	ation supplied with	this filing is voluntarily from	6.4 CrTY	-ST-7/P	or No average at 1 1 2 6	67/00/13 6	
						or the exemption stated in Section 119, ite and that my signature shall have the is report as required by Chapter 607. Fire		

cath; that I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an argument with an address.

SIGNATURE:

Ron Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 407/686-2000 (Author) Prices #