

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # K15082**

1. Entity Name  
**PGA GOLF OF FLORIDA, INC.**



Principal Place of Business  
**% E. LLWYD ECCLESTONE, JR.  
1555 PALM BEACH LAKES BLVD SUITE 1100  
WEST PALM BEACH, FL 33401**

Mailing Address  
**C/O FLORIDA MANAGEMENT COMPANY  
P.O. BOX 3267  
WEST PALM BEACH, FL 33402**



02202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0805128**

Applied For  
Not Applicable

6. Certificate of Status Desired ☐ **\$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**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000654211  
03/13/07-80052-025 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ECCLESTONE, E. LLWYD, JR  
STREET ADDRESS 1555 PALM BEACH LAKES BL  
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE D  
NAME COOPER, RON  
STREET ADDRESS 1555 PALM BEACH LKS BLVD  
CITY-ST-ZIP W PALM BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**EXECUTIVE VICE PRESIDENT**

**2/28/07**

Date

Daytime Phone #