


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90156 030 \*\*\*158.75

<b>DOCUMENT # K15096</b> 1. Entity Name <b>PGA CLUB, INC.</b>						
Principal Place of Business <b>% E. LLWYD ECCLESTONE, JR. 1555 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33401</b>			Mailing Address <b>% E. LLWYD ECCLESTONE, JR. 1555 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33401</b>			
2. Principal Place of Business  Suite, Apt. #, etc. <b>Suite # 1100</b> City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc. <b>Suite #1100</b> City & State  Zip                      Country				
4. FEI Number <b>65-0805125</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>ECCLESTONE, E. LLWYD, JR. 1555 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33401</b>		
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>ECCLESTONE, E. LLWYD, JR</b> <b>1555 PALM BEACH LAKES BL</b> <b>WEST PALM BEACH FL</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVT</b> <b>COOPER, RON</b> <b>1555 PALM BEACH LKS BLVD</b> <b>W PALM BEACH FL</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DEVPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>GAMMON, NANNETTE</b> <b>1555 PALM BEACH LAKES BLVD. #1100</b> <b>WEST PALM BEACH FL 33401</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.						
<b>SIGNATURE:</b> _____			<b>Ron Cooper</b>		<b>4/27/05</b> <b>561-686-2000</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	