

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45758

FILED  
Mar 24, 2008  
Secretary of State

**Entity Name:** TOURNAMENT PLAYERS CLUB AT CHEVAL, INC.

**Current Principal Place of Business:**

5100 TERRAIN DE GOLF DRIVE  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

112 PGA TOUR BLVD  
PONTE VEDRA, FL 320823046 US

**New Mailing Address:**

**FEI Number:** 59-2633623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIOLA, JAMES C  
112 PGA TOUR BLVD  
PONTE VEDRA FL, FL 32082 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: DSV ( ) Delete  
Name: ZINK, CHARLES L  
Address: 104 PLANTERS ROW EAST  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: DP ( ) Delete  
Name: PILLSBURY, DAVID  
Address: 24604 HARBOUR VIEW DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: FINCHEM, TIMOTHY W.,  
Address: 7160 MARSH HAWK CT.  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: SRV ( ) Delete  
Name: MOORHOUSE, EDWARD L  
Address: 25505 MARSH LANDING PARKWAY  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: V ( ) Delete  
Name: HUGHINS, JOHN  
Address: 112 PGA TOUR BLVD  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: VS ( ) Delete  
Name: TRIOLA, JAMES C  
Address: 1209 SALT CREEK ISLE DRIVE  
City-St-Zip: PONTE VEDRA BCH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. TRIOLA

VS

03/24/2008

Electronic Signature of Signing Officer or Director

Date