

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001285

FILED  
Apr 19, 2010  
Secretary of State

Entity Name: PGA CORRIDOR ASSOCIATION, INC.

**Current Principal Place of Business:**

4300 CATALFUMO WAY  
C/O JOEY EICHNER  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 33388  
PALM BEACH GARDENS, FL 334203388

**New Mailing Address:**

FEI Number: 65-1026250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATHISON, STEPHEN S  
5606 PGA BOULEVARD  
SUITE 211  
PALM BEACH GARDENS, FL 33418 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

**OFFICERS AND DIRECTORS:**

Title: D/S  
Name: COHEN, STEVE  
Address: 1601 FORUM PLACE, STE 1202  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D/PC  
Name: LEACH, GREG E  
Address: 5300 EAST AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D/C  
Name: EICHNER, JOEY  
Address: 4300 CATALFUMO WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D/T  
Name: WOODALL, PHIL  
Address: 3601 PGA BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: E/VC  
Name: MATHISON, STEPHEN S  
Address: 5606 PGA BOULEVARD, STE 211  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOEY EICHNER

D/C

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date