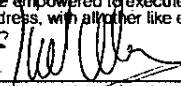


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90004 009 ****61.25

DOCUMENT # N03000007254					
1. Entity Name ROYAL GOLF CLUB ASSOCIATION, INC.					
Principal Place of Business 2011 N.E. 214TH ST. NORTH MIAMI BEACH, FL 33179			Mailing Address 2011 N.E. 214TH ST. NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0599495	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAGENBERG, ISAIL 2011 N.E. 214TH ST. NORTH MIAMI BEACH, FL 33179				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	WAGENBERG, ISAIL ☐ Delete		TITLE	☐ Change ☐ Addition
NAME	2011 N.E. 214TH ST.			NAME	
STREET ADDRESS	NORTH MIAMI BEACH, FL 33179			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	VD	WAGENBERG, SALO ☐ Delete		TITLE	☐ Change ☐ Addition
NAME	2011 N.E. 214TH ST.			NAME	
STREET ADDRESS	NORTH MIAMI BEACH, FL 33179			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	STD	WAGENBERG, STEVEN ☐ Delete		TITLE	☐ Change ☐ Addition
NAME	2011 N.E. 214TH ST.			NAME	
STREET ADDRESS	NORTH MIAMI BEACH, FL 33179			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 617, 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: ISAIL WAGENBERG  PD				3/20/04 (305) 931 7636	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	