2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007254

1. Entity Name
ROYAL GOLF CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8500 LAGOS DE CAMPO BLVD TAMARAC, FL 33321	7154 NORTH UNIVERSITY DRIVE UNIT #221 TAMARAC, FL 33321

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01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0599495
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARCHESANI, KEITH
7154 NORTH UNIVERSITY DRIVE
UNIT #221
TAMARAC, FL 33321

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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 KEITH MARCHESANI PRESIDENT 1/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	MARCHESANI, KEITH
STREET ADDRESS	7154 N. UNIVERSITY DRIVE #221
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VP
NAME	KLEIN, ILAN
STREET ADDRESS	7154 N. UNIVERSITY DRIVE #221
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	TR
NAME	GOLDBERG, JOSH
STREET ADDRESS	7154 N. UNIVERSITY DRIVE #221
CITY-ST-ZIP	TAMARAC, FL 333212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/06-80008-019 70.00

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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 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: KEITH MARCHESANI PRESIDENT 1/12/05 754-204-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #