2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# N06000001082

Entity Name: AMATEUR GOLF LEAGUE OF PB CORPORATION

Current Principal Place of Business:

8340 WEST LAKE DRIVE
LAKE CLARKE SHORES, FL 33406

New Principal Place of Business:

Current Mailing Address:

8340 WEST LAKE DRIVE
LAKE CLARKE SHORES, FL 33406

New Mailing Address:

FEI Number: 68-0621007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTE, PAT
8340 WEST LAKE DRIVE
LAKE CLARKE SHORES, FL 33406 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: DP ( ) Delete
Name: BERGHAUS, TED
Address: 8340 WEST LAKE DRIVE
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: D ( ) Delete
Name: CONTE, PAT
Address: 8340 WEST LAKE DRIVE
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: DT ( ) Delete
Name: BOUNDS, JIM
Address: 9839 SUNPORT DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: PINCANO, JOHN
Address: 8340 W LAKE DR
City-St-Zip: WEST PALM BEACH, FL 33406

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:

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

SIGNATURE: PATRICIA M. CONTE D 01/04/2008

Electronic Signature of Signing Officer or Director — Date