
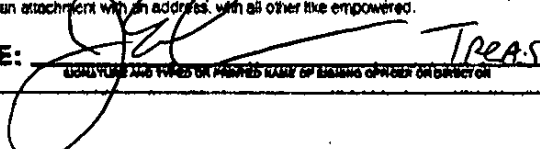


**FILED**

**May 02, 2007 08:00 AM**  
**Secretary of State**

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N15797</b> 1. Entity Name <b>PALMETTO JUNIOR GOLF ASSOCIATION, INC.</b>			
Principal Place of Business <b>% ALLEN WEITZEL                  BRIAR BAY, 9373 S.W. 134 ST.                  MIAMI, FL 33176</b>		Mailing Address <b>% ALLEN WEITZEL                  BRIAR BAY, 9373 S.W. 134 ST.                  MIAMI, FL 33176</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
4. FBI Number <b>59-2775088</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEITZEL, ALAN                  % BRIAR BAY                  9373 S.W. 134 ST.                  MIAMI, FL 33176</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and filer applicable (NOTE: Registered Agent's signature required when electing)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b>	
		U00000757640 05/23/07-80079-012 61.25	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE <b>PO</b> NAME <b>BROWN, ERIC</b> STREET ADDRESS <b>10191 S.W. 102 AVE.</b> CITY-ST-ZIP <b>MIAMI, FL</b>	<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE <b>T</b> NAME <b>KUHN, JAMES R</b> STREET ADDRESS <b>6730 S.W. 104 ST</b> CITY-ST-ZIP <b>MIAMI, FL</b>			
TITLE <b>D</b> NAME <b>WEITZEL, AL</b> STREET ADDRESS <b>8760 S.W. 180TH ST.</b> CITY-ST-ZIP <b>MIAMI, FL</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b> 		<b>Treas</b> <b>4/27/07</b> <b>305-238-2922</b> <small>Date Office Phone</small>	