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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25506** (9)

1. Corporation Name

TOUR WIVES ASSOCIATION, INC.



Principal Place of Business 113 JRC-BV 112 TPC BOULEVARD PONTE VEDRA FL 32082 US	Mailing Address TOUR WIVES ASSOC., INC. P.O. BOX 74 PONTE VEDRA BCH FL 32004 US
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3. Date Incorporated or Qualified 03/21/1988	
4. FEI Number 59-2903646	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 112 PGA TOUR Blvd.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25 Country	30 Zip

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES 1201 HAYS STREET TALLAHASSEE FL 32301
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BRISKY, JUDY
STREET ADDRESS	4749 CHEVY PL
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	INMAN, PATTI
STREET ADDRESS	10800 ALPHARETTA HWY, SUITE 556
CITY-ST-ZIP	ROSWELL GA
TITLE	VP <input type="checkbox"/> DELETE
NAME	GUMP, CHRIS
STREET ADDRESS	11225 WILLOW GARDENS DR
CITY-ST-ZIP	WINDERMERE FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	GALLAGHER, CISSYE
STREET ADDRESS	104 W. PARK AVENUE
CITY-ST-ZIP	GREENWOOD MS
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MCCARRON, JENNIFER
STREET ADDRESS	15231 MEDELLA CIRCLE
CITY-ST-ZIP	RANCHO MURIETTA CA
TITLE	TD <input type="checkbox"/> DELETE
NAME	MCGOVERN, LAUREN
STREET ADDRESS	788 SCHIRRA DR
CITY-ST-ZIP	ORADELL NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2582 S. Maguire Road
1.4 CITY-ST-ZIP	Ocoee, FL 34761
2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stankowski, Regina
2.3 STREET ADDRESS	3600 Austin Court
2.4 CITY-ST-ZIP	Flower Mound, TX 75028
3.1 TITLE	First V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	34786-6020
4.1 TITLE	Executive Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	38930
5.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kendall, Beth
5.3 STREET ADDRESS	2582 South Maguire Rd., Suite 343
5.4 CITY-ST-ZIP	Ocoee, FL 34761
6.1 TITLE	Second V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	07649-1233

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/10/98 904/285-3700

CR2E037 (10/97)