SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

0010981

DOCUMENT # N95000005022 (7)

1. Corporation Name

LPGA GIRLS GOLF CLUB OF LARGO, INC.

Principal Place of Business

120 TANGELO DR.
PALM HARBOR FL 34683-5536

Mailing Address

120 TANGELO DR.
PALM HARBOR FL 34683-5536

3. Date Incorporated or Qualified
10/20/1995

4. FEI Number
59-3343860
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [✓] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
[ ] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [✓] No

2 Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23 Zip 24 Country

2a Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

OTT, PAM
0 TANGELO DR.
ALM HARBOR FL 34683-5536

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

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
Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

LE	D	[ ] DELETE
AME	SCOTT, PAM	
TREET ADDRESS	120 TANGELO DR.	
ITY-ST-ZIP	PALM HARBOR FL 34683-5536	
ITLE	D	[ ] DELETE
NAME	REYES, FREDDIE	
STREET ADDRESS	1723 TROTTER RD.	
CITY-ST-ZIP	LARGO FL 33644	
TITLE	D	[ ] DELETE
NAME	REYES, SUSAN	
STREET ADDRESS	1723 TROTTER RD.	
CITY-ST-ZIP	LARGO FL 33644	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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: Pamela L. Scott 8-27-98 (727) 786-2918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #