2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000005022

1. Entity Name

LPGA GIRLS GOLF CLUB OF LARGO, INC.



FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90295 032 ****70.00

Principal Place of Business

120 TANGELO DR.

PALM HARBOR, FL 34683-5536

Mailing Address 120 TANGELO DR. PALM HARBOR, FL 34683-5536

04212006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-3343860

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, PAM 120 TANGELO DR. PALM HARBOR, FL 34683-5536

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	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered egent and to	le if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	ting	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SCOTT, PAM 120 TANGELO DR. PALM HARBOR, FL 346835536				,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, FREDDIE 1723 TROTTER RD LARGO, FL 33644 D REYES, SUSAN 1723 TROTTER RD LARGO, FL 33644				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGLEY, SCOTT 4181 SETON CIRCLE PALM HARBOR, FL 34683		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with this	s filing does not qualify for the exe	mptions co	ntained in Chapter 1:	19, 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 receives 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: