


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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| DOCUMENT # N95000005022 |  |
| 1. Entity Name LPGA GIRLS GOLF CLUB OF LARGO, INC. | |

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| Principal Place of Business 120 TANGELO DR. PALM HARBOR, FL 34683-5536 | Mailing Address 120 TANGELO DR. PALM HARBOR, FL 34683-5536 |
|--|--|

DO NOT WRITE IN THIS SPACE



03192008 No Chg-NP CR2E037 (4/06)

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|--|---------------------------------------|
| 4. FEI Number 59-3343860 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|---|---|
| Filing Fee is \$81.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000917286 05/13/08-80036-001 70.00 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REYES, SUSAN 1723 TROTTER RD. LARGO, FL 33644 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BIGLEY, SCOTT 4181 SETON CIRCLE PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 another like empowered.

SIGNATURE: *Pamela Scott* **4-10-08** **727-786-2918**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #