

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

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006584

1. Entity Name
LPGA INTERNATIONAL GIRLS GOLF CLUB, INC.



Principal Place of Business
1000 CHAMPIONS DR
DAYTONA BEACH, FL 32124

Mailing Address
1000 CHAMPIONS DR
DAYTONA BEACH, FL 32124



02232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3484604

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEG, ALEXIS
1000 CHAMPIONS DR
DAYTONA BEACH, FL 32124

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HENDERSON, NANCY
STREET ADDRESS 1000 CHAMPIONS DRIVE
CITY-ST-ZIP DAYTONA BEACH, FL 32124

TITLE VD
NAME GOSE, JANET
STREET ADDRESS 1000 CHAMPIONS DRIVE
CITY-ST-ZIP DAYTONA BEACH, FL 32124

TITLE SD
NAME SIEG, ALEXIS
STREET ADDRESS 1000 CHAMPIONS DRIVE
CITY-ST-ZIP DAYTONA BEACH, FL 32124

TITLE TD
NAME MUNDY, VALERIE C
STREET ADDRESS 1000 CHAMPIONS DRIVE
CITY-ST-ZIP DAYTONA BEACH, FL 32124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000447791
03/08/06-80071-012 61.25

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IN THIS SPACE**

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.

SIGNATURE: Alexis Sieg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06 386-274-5959
Date Daytime Phone #