

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000023768

1. Entity Name
PALM TREE GOLF CORP., INC.



FILED

05 JAN 14 PM 3:52

Principal Place of Business
2101 S CONGRESS AVE
DELRAY BEACH, FL 33445

Mailing Address
2101 S CONGRESS AVE
DELRAY BEACH, FL 33445

\$150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052005 No Chg-P CR2E034 (10/03)

05

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0408761

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELMORE, GEORGE T
2101 S CONGRESS AVE
DELRAY BEACH, FL 33445

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	FAGAN, GREGORY J
STREET ADDRESS	4152 WEST BLUE HERON BLVD.
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	PD
NAME	ELMORE, GEORGE T
STREET ADDRESS	2101 S CONGRESS AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VPD
NAME	SCHAEFER, CONRAD W
STREET ADDRESS	4152 WEST BLUE HERON BLVD.
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700045108337
01/20/05--01043--015 **\$500.00

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IN THIS SPACE

12. 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE T. ELMORE

1-6-05

Date

5612780456

Daytime Phone #