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Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000038359 (2)**

1. Corporation Name

**AUGUSTA GOLF COMPANY**



Principal Place of Business <b>2000 PGA BLVD., SUITE 2204 PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>2000 PGA BLVD., SUITE 2204 PALM BEACH GARDENS FL 33410</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/12/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALEXANDER, LARRY B  
505 S. FLAGLER DRIVE  
SUITE 1100  
W. PALM BEACH FL 33401**

81 Name **Robert B. Whitley**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 2204**

83 **2000 PGA Boulevard**

84 City **North Palm Beach**

FL

85 **33408**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **VSTD  
WHITLEY, ROBERT B**  
STREET ADDRESS **2000 PGA BLVD., SUITE 2204**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **PD  
FREDERICKSON, TUCKER**  
STREET ADDRESS **2000 PGA BLVD., SUITE 2204**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **D  
FREITAG, JOHN**  
STREET ADDRESS **1037 STERLING ROAD, SUITE 201**  
CITY-ST-ZIP **HEARNDON VA 22070**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked on an attachment with an address.

SIGNATURE:

*[Signature]*

VP

4/8/98

561-694-0084

CR2E034 (10/97)