

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093829

1. Corporation Name

INTERNATIONAL GOLF PARTNERS, INC.

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90071 023 ***150 00



-									{ 810 41 880	
Principal Place	of Business	Mailing A	ddress							
3306 PGA BLVD 3300 PGA BLVD										
STE #990		STE #990	*·* · · · ·				DO MOTAMBITE IN THIS SPACE			
	ARDENS FL 33410		PALM BEACH GARDENS =L 33410				DO NOT WRITE IN THIS SPACE			
US 		US					3. Date Incorporated or Qualifed 12/08/1995			
2. Principal Pla	ce of Business	2a. Mailin	g Address				4. FEI Number	Apr	plied For	
21		26	26				<u>65-0629644</u>	No	t Applicable	
Suite, Apt. #,	, etc.	Suite,	Apt. #, etc.	_			5. Certificate of Status Desired	\$8.75 A		
22		27						Fee Re	cuired	
City & State		City &	City & State				6. Election Campaign Financing	\$5.00		
23		28					Trust Fund Contribution	Added to	c Fees	
Zip	Country Zip			Cour	itry		8. This corporation owes the current year			
24	25	29				Personal Property Tax.				
	9. Name and Address of Curre	ent Registered A	gent		24	_, _	10. Name and Address of New Registe	red Agent		
· Drauvi	HADDT DETED M E				81 Name	bee	2 NHARDT , YETER	M. E < a.		
BERNHARDT, PETER M. E				f	82 Street.		s (P.O. Box Number is Not Acceptable)	- 7 - 4.		
	D & CASSELL	£00		1	<u> </u>	4-10	METZLER AND M	SSOLIATE:	<u>5-</u>	
	JUSTRALIAN AVE, SO, SUITE :	300		į	83 7_	50	AUSTRALIAN AUE.	STE	700	
WPA	LM BEACH FL 33401			<u> </u>	84 City			85 Zip C	Code	
					1/4	V 83		FL "3	2401	
11. Pursuant to	the provisions of Sections 607.05	502 and 607.1508	3, Florida Statute	s, the ab	ove-named	oc rpor	ation submits this statement for the purpos s board of cirectors. I hereby accept the a	se of changing its	registered	
office or reg	gistered agent, or boin, in the State Familiar with, and accept the oblig	e or Florida. Suci ations of, Section	n 607.0505, Flor	ida Statu	tes. 4 /	الحالة عادا	s board of Cirectors. Thereby acceptance	4-	, , , , ,	
\ \ \ \			z. M. 6	زرو وس و	undt	2	$8a. \qquad 4/7$	5 [9	l	
SIGNATURE Signature, typed or printegine read segment and time if applicable. (NOT): Registered Agent signature red, red wheel reinstelling) DATE OATE										
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	PT		☐ DELETE	1.1 T/II	.Ε	77	NNERLY KENNETY R. 300 PLA BLUD. STE	Change	☐ Addition	
	KENNERLY, KENNETH R			1.2 NAM	ME.	1	NHERLY RENNETY K	990		
STREET ADDRE 3S	3300 PGA BLVD. STE 820			1.3 STF	EET ADDRESS	5			-7 >	
CITY-ST-ZIP				1.4 CIT	1.4 CITY-ST-ZIP		PALM BEACH GAR	DENS FL		
TITLE	\$		▼ DELETE	2.1 T∤∏	.E			Change	☐ Addition	
NAME	CRIST, GARY M			2.2 NA	ME					
STREET ADDRESS	1150 S. U.S. HWY. #1 STE.	401		2.3 STF	REET ADDRESS					
CITY-ST-ZIP	JUPITER FL 33477			2. 4 CIT	Y-ST-ZIP	<u> </u>				
TITLE		· 	☐ DELETE	3.1 TIT	.E			☐ Change	Addition	
NAME				3.2 NA	Æ					
STREET ADDRESS				3.3 STF	REET ADDRESS				}	
CITY-ST-ZIP				3 4. CIT	Y-ST-ZIP	\perp _				
TITLE			☐ DELETE	4.1 TITI	E			Change	☐ Addition	
NAME				4. 2 NA	ME				Ì	
STREET ADDRESS				4.3 STF	REET ADDRESS					
CITY-ST-ZIP				4.4 CIT	Y-ST-ZIP	L				
TITLE			DELETE	5.1 TITI	E			Change	Addition	
NAME				5.2 NA	ΑE					
STREET ADDRESS				5.3 STF	REET ADDRESS					
CITY-ST-ZIP				5 4 CIT	Y-ST-ZIP					
TITLE			DELETE	6.1 TITI	E	T^{T}		☐ Change	Addition	
NAME				6.2 NA	ΜE					
STREET ADORE :S				6.3 STF	REET ADDRESS					
O THEE PROPERTY						1				

64 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 contify 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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICE OR DIRECTOR

56/6248787

Daytime Phone #