FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

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NAME

THE

NAME

TITLE

NAME

STREET ADDRESS

STREET ACCORDESS

STEAT ALCORESS

CHT-SI ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

€ 3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-S1-7IP

DELETE

DELETE

1997 DOCUMENT # P96000093371 (8)

WILL NEEL GOLF ACADEMY, INC.

FILED Mar 21 1997 8:00am Secretary of State

AAILL INCE	L GOLF MONDEINT, INC.									
Principal Plane of Business Mailing Address							1 10011001100100100	(6) 00 11 0 (0 140	/// /// ///// ///	. 14
			188 DUBLIN DRIVE OCA RATON FL 33433-4							
							 Date Incorporated or Qualified 11/14/1996 	3a. Dat	e of Last F	Report
Principal Pla	ce of Business	2a.	. Mailing Address				4. FEI Number			pplied For
:1		26					65-0713185			ot Applicable
Suite, Apt. #, ecc.		27					5. Certificate of Status Desired		Fee R	Additional equired
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζιρι 24	Country 25	29	Zip	30 Cot	intry		This corporation has liability for Florida Statutes		tax under s] No	s. 199.032,
72J	9 Name and Address of Curre	nt Regis	stered Agent	<u></u>			10. Name and Address of New R	egistered A	gent	
BOYL	ES, WILLIAM A				81	Name				
201 EAST PINE STREET					82	Street A	ddress (P.O. Box Number is Not Accepta	ble)		
SUITE 1200					83					
ORLA	NDO FL 32801									
					84	City		FL	85 Zip	Code
Affice to tea	the provisions of Sections 607.05 gistered agent, or both, in the Stat familiar with, and accept the obli	e of Flori	ida. Such change was i	aumonze	a o	z tne corpc	orporation submits this statement for the oration's board of directors. I hereby acc	Durnose of	changing pintment as	its registered s registered
SIGNATURE .			410	re foreigner			equired when reinstating)	DATE		
	up ar very man beheld as respectively a OFFICERS A			13.	ed Age	ent Bignature re	ADDITIONS/CHANGES TO OFF		DIRECTO	BS IN 12
12.	DPST	[7]	☐ DELETE	1.1 [ITLE		7,55110110,017,11102010		☐ Change	
NAME	NEEL, WILL			1.2 }	IAME					
STREET ADDRESS	7488 DUBLIN DRIVE			1.3 9	TREET	ADDRESS				
CHY-ST ZIP	BOCA RATON FL 33433				1.4 CITY - ST - 7IP					
Tillet			DELETE	211	IfLE				Change	Addition
NAME				221	IAME					
STREET ADDRESS						ADDRESS		٠٠.		
CI1Y+51-20			DELETE		• • • • • • • • • • • • • • • • • • • •	ST - ZiP			Change	Addition
1411	[] DELETE				3 1 TITLE 3 2 NAME				end Charles	
NAME					3.2 NAME 3.3 STREET ADDRESS					
STREET ADDRESS	<u> </u>				3.4. CITY - ST - ZIP					
CHY-S1-70°			DELETE		OTLE	31-411			Change	Addition
''					NIALAT.	į				

6.4 CITY - ST - ZIP CHY-ST ZiE 14. I do his eby 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 and cated 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 eath; 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 any little ment with an address.

SIGNATURE:

Change

Change

Addition

Addition