

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

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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90014 023 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000011973**

1. Corporation Name
PGA GOLF DEVELOPMENT, INC.

Principal Place of Business Mailing Address
100 AVE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
02/05/1997
 4. FEI Number Applied For
65-0775946 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
GARRITY, CHRISTINE M
100 AVE OF THE CHAMPIONS
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	HOLSHOUSER, JESSE	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33408	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	POTTINGER, KIRK	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 60603	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARRITY, CHRISTINE M	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRAUSE, BRENT	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORRELL, STEVE	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLINE, VIC	
STREET ADDRESS	100 AVE OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Awtrey, Jim	
1.3 STREET ADDRESS	100 Avenue of the Champions	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jones, Tom	
2.3 STREET ADDRESS	100 Avenue of the Champions	
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kohler, Jr., Herbert V.	
3.3 STREET ADDRESS	100 Avenue of the Champions	
3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Christine M Garrity** **SIGNATURE REQUIRED** 3/31/99 (561) 624-8548
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)