

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90036 037 \*\*\*150.00

**DOCUMENT # P97000011973**  
 1. Entity Name  
 PGA GOLF DEVELOPMENT, INC.



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

40007026

2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip: Country

01182007 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0775946  
 Applied For: Not Applicable

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

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

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: STERANKA, JOE STREET ADDRESS: 100 AVENUE OF THE CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete
TITLE: TO NAME: POTTINGER, KIRK STREET ADDRESS: 100 AVENUE OF THE CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS, FL 60603	<input type="checkbox"/> Delete
TITLE: S NAME: GARRITY, CHRISTINE M STREET ADDRESS: 100 AVENUE OF THE CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS, FL	<input type="checkbox"/> Delete
TITLE: D NAME: WHITCOMB, BRIAN STREET ADDRESS: 100 AVENUE OF THE CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete
TITLE: COO NAME: BOGIN, PAUL STREET ADDRESS: 100 AVENUE OF THE CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: WARREN, ROGER STREET ADDRESS: 100 AVE OF THE CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Jim Remy STREET ADDRESS: 100 Avenue of the Champions CITY-ST-ZIP: Palm Beach Gardens FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Treas NAME: Tim Shank STREET ADDRESS: 100 Avenue of the Champions CITY-ST-ZIP: Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Alan Wronowski STREET ADDRESS: 100 Avenue of the Champions CITY-ST-ZIP: Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Christine Garrity/Christine Garrity 1/22/07 5616248548  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #