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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 16, 1999 8:00 am
Secretary of State
04-16-1999 90014 021 ***150.00

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DOCUMENT # V35114

1. Corporation Name
PGA ST. LUCIE, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/11/1992

4. FEI Number: 65-0394724 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

GARRITY, CHRISTINE M.
100 AVENUE 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CFO	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	HOLSHOUSER, JESSE		1.2 NAME	Awtrey, Jim	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS		1.3 STREET ADDRESS	100 Avenue of the Champions	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	D	☐ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	POTTINGER, KIRK		2.2 NAME	Garrity, Christine M	
STREET ADDRESS	100 AVE. OF THE CHAMPIONS		2.3 STREET ADDRESS	100 Avenue of the Champions	
CITY-ST-ZIP	PALM BCH GARDENS FL		2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	KLINE, VIC		3.2 NAME	Horrell, Steve	
STREET ADDRESS	100 AVE. OF THE CHAMPIONS		3.3 STREET ADDRESS	100 Avenue of the Champions	
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	THORSEN, THOMAS		4.2 NAME	Jones, Tom	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS		4.3 STREET ADDRESS	100 Avenue of the Champions	
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KING, THOMAS		5.2 NAME	Kohler, Jr., Herbert V.	
STREET ADDRESS	100 AVE. OF THE CHAMPIONS		5.3 STREET ADDRESS	100 Avenue of the Champions	
CITY-ST-ZIP	PALM BEACH GARDENS FL		5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KRAUSE, BRENT		6.2 NAME		
STREET ADDRESS	WUNLAKES GOLF AND COUNTRY CLUB		6.3 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 #