

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V36688** (2)  
1. Corporation Name  
**PGA MANAGEMENT SERVICES, 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**

3. Date Incorporated or Qualified <b>05/14/1992</b>	3a. Date of Last Report <b>04/17/1995</b>
4. FLI Number <b>65-0394727</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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 <b>GARRITY, CHRISTINE M. 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418</b>		10. Name and Address of New Registered Agent	
81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when changing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AWTREY, JIM L.</b>	12 NAME	<b>D KING, THOMAS</b>
STREET ADDRESS	<b>640 INLET RD.</b>	13 STREET ADDRESS	<b>100 Avenue of the Champions</b>
CITY-ST-ZIP	<b>N. PALM BCH. FL</b>	14 CITY-ST-ZIP	<b>Palm Beach Gardens, FL</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ECHENBRENNER, BILL</b>	22 NAME	<b>S GARRITY, CHRISTINE M.</b>
STREET ADDRESS	<b>EL PASCO COUNTRY CLUB</b>	23 STREET ADDRESS	<b>100 Avenue of the Champions</b>
CITY-ST-ZIP	<b>EL PASO TX</b>	24 CITY-ST-ZIP	<b>Palm Beach Gardens, FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>RAY, JERRY</b></del>	32 NAME	<b>CFO HOLSHOUSER, JESSE</b>
STREET ADDRESS	<del><b>OLD HILLSBORO RD</b></del>	33 STREET ADDRESS	<b>100 Avenue of the Champions</b>
CITY-ST-ZIP	<del><b>HIGH RIDGE MO</b></del>	34 CITY-ST-ZIP	<b>Palm Beach Gardens, FL</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THORSEN, THOMAS</b>	42 NAME	<b>TAX OFFICER POTTINGER, KIRK</b>
STREET ADDRESS	<b>100 AVENUE OF THE CHAMPIONS</b>	43 STREET ADDRESS	<b>100 Avenue of the Champions</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	44 CITY-ST-ZIP	<b>Palm Beach Gardens, FL</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAUSE, BRENT</b>	52 NAME	
STREET ADDRESS	<b>WYNLAKES GOLF AND COUNTRY CLUB</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTGOMERY AL</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Christine M. Garrity* **Christine M. Garrity** Secretary **3/4/96** (407)624-8848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)