

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

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90014 025 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **V36688**

1. Corporation Name  
**PGA MANAGEMENT SERVICES, INC.**

Principal Place of Business Mailing Address  
**100 AVE. OF THE CHAMPIONS** **100 AVE. OF THE CHAMPIONS**  
**PALM BEACH GARDENS FL 33418** **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	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	<b>05/14/1992</b>
4. FEI Number	<b>65-0394727</b>
5. Certificate of Status Desired	<input type="checkbox"/> Applied For <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
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 \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PD Autrey, Jim</b>
1.3 STREET ADDRESS	<b>100 Avenue of the Champions</b>
1.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D Jones, Tom</b>
2.3 STREET ADDRESS	<b>100 Avenue of the Champions</b>
2.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D Kohler, Jr., Herbert V.</b>
3.3 STREET ADDRESS	<b>100 Avenue of the Champions</b>
3.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>
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 (1/98)