

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90184 050 \*\*\*150.00

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02142006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # V57114</b> 1. Entity Name <b>PGA GOLF PARTNERS, INC.</b>					
Principal Place of Business <b>100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418</b>			Mailing Address <b>100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>65-0394728</b> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>GARRITY, CHRISTINE M. 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418</b>	
7. Name and Address of New Registered Agent Name					
Street Address (P.O. Box Number is Not Acceptable)					
City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AWTREY, JIM L <input checked="" type="checkbox"/> Delete 640 INLET RD N PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steranka, Joe 100 Avenue of the Champions Palm Beach Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TO <input type="checkbox"/> Delete POTTINGER, KIRK 100 AVE. OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete GARRITY, CHRISTINE M 100 AVE OF THE CHAMPIONS PALM BCH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO <input type="checkbox"/> Delete BOGIN, PAUL 100 AVE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete WARREN, ROGER 100 AVE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete REMY, JIM 100 AVENUE OF THE CHAMPIONS PALM BCH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <u>Christine Garrity</u> <b>Christine Garrity</b> <u>2-17-06</u> <u>561-624-8485</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					