

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25506

Entity Name: PGA TOUR WIVES ASSOCIATION, INC.**Current Principal Place of Business:**112 PGA TOUR BOULEVARD
PONTE VEDRA, FL 32082**Current Mailing Address:**PGA TOUR WIVES ASSOC.
P.O. BOX 74
PONTE VEDRA BCH, FL 32004 US**FEI Number:** 59-2903646**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	WILSON, AMY
Address	205 E. BUTTERFIELD RD. #439
City-State-Zip:	ELMHURST IL 60126
Title	VPS
Name	HOFFMAN, STACY
Address	PMB 172 7345 SOUTH DURANGO DRIVE SUITE #107
City-State-Zip:	LAS VEGAS NV 89113
Title	VPD
Name	LAIRD, MEAGAN
Address	10455 EAST SHEENA DRIVE
City-State-Zip:	SCOTTSDALE AZ 85255

Title	VPD
Name	BETTENCOURT, KELLY
Address	215 NEW CASTLE DRIVE
City-State-Zip:	DUNCAN SC 29334
Title	VPD
Name	PETTERSSON, DEANNA
Address	1604 DOGWOOD VIEW LANE
City-State-Zip:	RALEIGH NC 27614
Title	D
Name	MOORES, SARA
Address	2309 FOXHAVEN DR W
City-State-Zip:	JACKSONVILLE FL 32224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARA MOORES**EXECUTIVE DIRECTOR****01/23/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date