

2017 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 BEACH, FL 32082**Current Mailing Address:**PGA TOUR WIVES ASSOCIATION
P.O. BOX 74
PONTE VEDRA BEACH, 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 VP
Name BETTENCOURT, KELLY
Address 215 NEW CASTLE DRIVE
City-State-Zip: DUNCAN SC 29334Title VP
Name SWAFFORD, KATHERINE
Address 2467 DEMERE ROAD
City-State-Zip: ST. SIMONS ISLAND GA 31522Title VP
Name GAINEY, ERIN
Address 1036 BENTWOOD ROAD
City-State-Zip: HARTSVILLE SC 29550Title PRESIDENT
Name LAIRD, MEAGAN
Address 17442 N. 97TH STREET
City-State-Zip: SCOTTSDALE AZ 85255Title VP
Name KISNER, BRITTANY
Address 832 FERMATA PLACE
City-State-Zip: AIKEN SC 29801Title DIRECTOR
Name PERRY, JENNIFER
Address 61 MAGNOLIA BEACH TRAIL
City-State-Zip: PONTE VEDRA FL 32081

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: JENNIFER PERRY**EXECUTIVE DIRECTOR****04/11/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date