

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25506

Entity Name: PGA TOUR WIVES ASSOCIATION, INC.**Current Principal Place of Business:**100 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:** No**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	GAINEY, ERIN
Address	100 PGA TOUR BOULEVARD
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DIRECTOR
Name	PERRY, JENNIFER
Address	100 PGA TOUR BOULEVARD
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	VP
Name	KAUFMAN, FRANCIE
Address	100 PGA TOUR BOULEVARD
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	VP
Name	SCHENK, KOURTNY
Address	100 PGA TOUR BOULEVARD
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	VP
Name	SLOAN, CASEY
Address	100 PGA TOUR BOULEVARD
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	PRESIDENT
Name	HADLEY, AMANDA
Address	100 PGA TOUR BOULEVARD
City-State-Zip:	PONTE VEDRA BEACH FL 32082

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

MRS.

01/27/2021

Electronic Signature of Signing Officer/Director Detail_____
Date