

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **620997** (7)
1. Corporation Name
PGA NATIONAL REALTY COMPANY



Principal Place of Business: 1555 PALM BCH. LAKES BLVD., STE. 1100 P.O. BOX 3267 WEST PALM BEACH FL 33402
Mailing Address: 1555 PALM BCH. LAKES BLVD., STE. 1100 P.O. BOX 3267 WEST PALM BEACH FL 33402

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1979	3a. Date of Last Report 04/19/1995
21	22	23	24	4. FEI Number 59-1916561	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ECCLESTONE, E.L. JR 1555 PALM BCH.LAKES BLVD.,STE.1100 WEST PALM BEACH FL				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECCLESTONE, E L JR	1.2 NAME	
STREET ADDRESS	1555 PALM BCH.LKS.BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, RON	2.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH, FL 00000	2.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECCLESTONE, E LLWYD III	3.2 NAME	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, BESSIE E	4.2 NAME	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	← <input type="checkbox"/> DELETE	5.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEYENDECKER, HELENA	5.2 NAME	
STREET ADDRESS	1555 PALM BCH LAKES BLVD STE 1100	5.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Jane Carlough-Meline
STREET ADDRESS		6.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd Ste 1100
CITY - ST - ZIP		6.4 CITY - ST - ZIP	West Palm Beach FL 33401

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Ron Cooper *Ron Cooper* 4/1/96 407/686-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)