

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 24 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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 33402-3267
--	---

3. Date Incorporated or Qualified 06/01/1979	3a. Date of Last Report 02/27/1996
4. FEI Number 59-1916561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	29 Country

9. Name and Address of Current Registered Agent
ECCLESTONE, E.L. JR
1555 PALM BCH.LAKES BLVD.,STE.1100
WEST PALM BEACH FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

TITLE CD	<input type="checkbox"/> DELETE
NAME ECCLESTONE, E L JR	
STREET ADDRESS 1555 PALM BCH.LKS.BLVD.	
CITY-ST-ZIP W PALM BEACH, FL 00000	
TITLE VTD	<input type="checkbox"/> DELETE
NAME COOPER, RON	
STREET ADDRESS 1555 PALM BCH LKS BLVD.	
CITY-ST-ZIP W PALM BEACH, FL 00000	
TITLE P	<input type="checkbox"/> DELETE
NAME ECCLESTONE, E LLWYD III	
STREET ADDRESS 1555 PALM BEACH LAKES BLVD	
CITY-ST-ZIP W. PALM BEACH FL	
TITLE V	<input type="checkbox"/> DELETE
NAME RANDOLPH, BESSIE E	
STREET ADDRESS 1555 PALM BEACH LAKES BLVD	
CITY-ST-ZIP W. PALM BEACH FL	
TITLE VS	<input type="checkbox"/> DELETE
NAME LEYENDECKER, HELENA	
STREET ADDRESS 1555 PALM BCH LAKES BLVD STE 1100	
CITY-ST-ZIP W PALM BCH FL	
TITLE V	<input type="checkbox"/> DELETE
NAME CARLOUGH-MELINE, JANE	
STREET ADDRESS 1555 PALM EBACH LAKES BLVD STE 1100	
CITY-ST-ZIP WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **4/15/97 (561) 686-2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)