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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752033 (1)

1. Corporation Name
PGA CLUB COTTAGES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 7100 FAIRWAY DRIVE, #29 PALM BEACH GARDENS FL 33418	Mailing Address 7100 FAIRWAY DRIVE, #29 PALM BEACH GARDENS FL 33418
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2. Principal Place of Business 21 300 AVENUE OF CHAMPIONS Suite, Apt. #, etc.	2a. Mailing Address 26 300 AVENUE OF CHAMPIONS Suite, Apt. #, etc.
City & State 23 PALM BEACH GARDENS, FL	City & State 28 PALM BEACH GARDENS, FL
Zip 24 33418	Country 25 USA
Zip 29 33418	Country 30 USA

3. Date Incorporated or Qualified 04/15/1980	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2052716	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**QUEEN, SUSAN M.
7100 FAIRWAY DRIVE, #29
PALM BEACH GARDENS 33418**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTTY MALARA	1.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE, 29	1.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD SPRITZLER, STANLEY	2.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE #29	2.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V THEODORE KATZFELD	3.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE #29	3.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PARELLA, STEVE	4.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR 29	4.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH GDN FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FLEISCHER, DAVID	5.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR 29	5.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH GDN FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD FOLEY, WILLIAM	6.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR 29	6.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH GDN FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 198.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (1097)