

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90025 027 \*\*\*\*70.00

**DOCUMENT # 752033**

1. Corporation Name

**PGA CLUB COTTAGES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

300 AVE OF CHAMPIONS  
PALM BEACH GARDENS FL 33418  
US

Mailing Address

300 AVE OF CHAMPIONS  
PALM BEACH GARDENS FL 33418  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

04/15/1980

4. FEI Number

59-2052716

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

QUEEN, SUSAN M.  
300 AVE OF CHAMPIONS  
PALM BEACH GARDENS 33418

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

T  
NAME SCOTTY MALARA  
STREET ADDRESS 300 AVE OF CHAMPIONS  
CITY-ST-ZIP PALM BEACH GARDENS FL

PD  
NAME SPRITZLER, STANLEY  
STREET ADDRESS 300 AVE OF CHAMPIONS  
CITY-ST-ZIP PALM BEACH GARDENS FL

V  
NAME THEODORE KATZFELD  
STREET ADDRESS 300 AVE OF CHAMPIONS  
CITY-ST-ZIP PALM BCH GRDNS, FL 00000

D  
NAME PARELLA, STEVE  
STREET ADDRESS 300 AVE OF CHAMPIONS  
CITY-ST-ZIP PALM BCH GDN FL

D  
NAME FLEISCHER, DAVID  
STREET ADDRESS 300 AVE OF CHAMPIONS  
CITY-ST-ZIP PALM BCH GDN FL

SD  
NAME FOLEY, WILLIAM  
STREET ADDRESS 300 AVE OF CHAMPIONS  
CITY-ST-ZIP PALM BCH GDN FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TD  
Steve Parella  
300 Ave. of The Champions  
Palm Beach Gardens, FL. 33418

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

PD  
William Foley  
300 Ave. of The Champions  
Palm Beach Gardens, FL. 33418

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

D  
Wister, Jane

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SD  
Spritzler, Stan

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)