2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752033 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name PGA CLUB COTTAGES HOMEOWNERS' ASSOCIATION, INC. 04-20-2000 90036 012 ****70.00 Principal Place of Business Mailing Address 300 AVE OF CHAMPIONS 300 AVE OF CHAMPIONS PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-3664 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2052716 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) QUEEN, SUSAN M. 300 AVE OF CHAMPIONS PALM BEACH GARDENS 33418 Zip Code City 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE TD ☐ Delete TITLE NAME PARELLA, STEVE NAME STREET ADDRESS STREET ADDRESS 300 AVE OF CHAMPIONS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 Change ☐ Addition ☐ Delete TITLE TITLE NAME FOLEX, WILLIAM NAME STREET ADDRESS STREET ADDRESS 300 AVE OF CHAMPIONS CITY-ST-ZIP CITY-ST-7IP PALM BEACH GARDENS FL 33418 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME THEODORE KATZFELD NAME STREET ADDRESS STREET ADDRESS 300 AVE OF CHAMPIONS CITY-ST-7IP CITY-ST-ZIP PALM BCH GRDNS, FL 00000 Change ☐ Addition D □ Delete TITLE Parella, Steve 300 AUE of Champions PALM BEACH GARDENS, 1 PARELLA, STEVE NAME STREET ADDRESS STREET ADDRESS 300 AVE OF CHAMPIONS CITY-ST-ZIP CITY-ST-ZIP PALM 8CH GDN FL ☐ Change DDE ☐ Delete TITLE FLEISCHER, DAVID NAME STREET ADDRESS 300 AVE OF CHAMPIONS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH GDN FL ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME FOLEY, WILLIAM NAME STREET ADDRESS 300 AVE OF CHAMPIONS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH GDN FL 12. 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 report or supplemental 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 10 or Block 11 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 Date Daytime Phone #