

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 752033			
1. Entity 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 - No P.O. Box # 11784 W. Sample Rd Suite, Apt. #, etc. #103 City & State Coral Springs, FL Zip 33065 Country USA		3. Mailing Address 11784 W. Sample Rd Suite, Apt. #, etc. #103 City & State Coral Springs, FL Zip 33065 Country USA	
4. FEI Number 59-2052716		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUEEN, SUSAN M 300 AVE. OF THE CHAMPIONS STE-120 PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name: United Community Mgt. Corp. Street Address (P.O. Box Number is Not Acceptable): 11784 West Sample Rd #103 City: Coral Springs FL Zip: 33065	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Ronnie Campbell V.P. Finance United Community Mgt.</u> DATE: <u>12/19/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME SANSONE, JOHN STREET ADDRESS 300 AVE. OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300138408353 12/31/08--01086--001 **61.25	
TITLE D NAME MCHUGN, JOHN STREET ADDRESS 300 AVE. OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MULLENDORE, TRACY STREET ADDRESS 300 AVE. OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SCHWARZ, KAY STREET ADDRESS 300 AVE. OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WEILER, EVELYN STREET ADDRESS 300 AVE. OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FOLEY, WILLIAM STREET ADDRESS 300 AVE. OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u>		Date: <u>12/19/08</u> Daytime Phone # _____	