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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753078 (5)

1. Corporation Name
GOLF VILLAS AT PGA NATIONAL ASSOCIATION, INC.



Principal Place of Business: 275 TONEY PENNA DRIVE SUITE 107 JUPITER FL 33458 US
Mailing Address: SUNRISE MANAGEMENT CO 275 TONEY PENNA DR 107 JUPITER FL 33458-5782 US

3. Date Incorporated or Qualified: 06/24/1980
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-2052743		Applied For: Not Applicable	
21	Suite, Apt. #, etc. SUITE 7	26	Suite, Apt. #, etc. SUITE 7	5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent KUNKLE, CRAIG 275 TONEY PENNA DRIVE 107 21000 BOCA RIO RD A-9 JUPITER FL 33458				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable): SUITE 7			
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: SHELTON S TURK NAME: 326 BRACKEN WOOD CIR STREET ADDRESS: PALM BCH GNS FL 33418-9833 CITY-ST-ZIP:	<input type="checkbox"/> DELETE	1.1 TITLE: T 1.2 NAME: JOHN SERAFINI 1.3 STREET ADDRESS: 618 BRACKENWOOD COUG 1.4 CITY-ST-ZIP: P. B. GARDENS, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: WARNER, CHARLES STREET ADDRESS: 606 BRACKENWOOD COVE CITY-ST-ZIP: PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	
TITLE: VP + S NAME: GAFFNEY, EDNA STREET ADDRESS: 101 BRACKENWOOD RD CITY-ST-ZIP: PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	
TITLE: M NAME: HOOPER, LARRY J SR STREET ADDRESS: 1125 HEMLOCK CIRCLE CITY-ST-ZIP: FT PIERCE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: CHARLES DINARIA 4.3 STREET ADDRESS: 408 BRACKENWOOD LANE S. 4.4 CITY-ST-ZIP: P. B. GARDENS, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: KELLY, JEAN STREET ADDRESS: 565 BRACKEN WOOD PL CITY-ST-ZIP: PALM BCH GARDENS FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: ANNE HILLS 5.3 STREET ADDRESS: 125 BACKWOOD RD 5.4 CITY-ST-ZIP: PALM BEACH GARDENS, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BRANCATO, JOSEPH STREET ADDRESS: N447567 CITY-ST-ZIP: PALM BCH GARDENS FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: SAL ALI 6.3 STREET ADDRESS: 494 BRACKENWOOD WANE S 6.4 CITY-ST-ZIP: PALM B GARDENS, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: *[Signature]* 4/9/97 561-624-4367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: 0043477

CR2E037 (9/96)