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May 06 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 # 753078 (5)
 1. Corporation Name
GOLF VILLAS AT PGA NATIONAL ASSOCIATION, INC.



Principal Place of Business 275 TONEY PENNA DRIVE STE 22 JUPITER FL 33458 US	Mailing Address SUNRISE MANAGEMENT CO 275 TONEY PENNA DR., STE. 7 JUPITER FL 33458 US
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3. Date Incorporated or Qualified 06/24/1980	
4. FEI Number 59-2052743	Applied For <input type="checkbox"/> Not Applicable
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 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 type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

KUNKLE, CRAIG
275 TONEY PENNA DR.
STE. 7
JUPITER FL 33458

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TURK, S. S	
STREET ADDRESS	3226 BRACKEN WOOD CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WARNER, CHARLES	
STREET ADDRESS	606 BRACKENWOOD COVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GAFFNEY, EDNA	
STREET ADDRESS	101 BRACKENWOOD RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIMARIA, CHARLES	
STREET ADDRESS	408 BRAKEN WOOD LANE S	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, ANNE	
STREET ADDRESS	125 BRACKWOOD RD.	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALI, SAL	
STREET ADDRESS	4944 BRACKENWOOD LANE S	
CITY-ST-ZIP	PALM BCH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ARCHIE DELMARSH
2.3 STREET ADDRESS	438 BRACKENWOOD LANE SOUTH
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John Serafini
4.3 STREET ADDRESS	618 Brackenwood Cove.
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STONEY FERNAN
5.3 STREET ADDRESS	223 BRACKENWOOD TERRACE
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert Lowe
6.3 STREET ADDRESS	134 Brackenwood Road
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 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.

SIGNATURE: _____ 3/13/98

CR2E037 (10/97)