


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90165 042 \*\*\*\*61.25

0045387

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 753078

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

2206567-90165-42

Principal Place of Business 275 TONEY PENNA DRIVE STE. 7 JUPITER FL 33458 US	Mailing Address SUNRISE MANAGEMENT CO 275 TONEY PENNA DR., STE. 7 JUPITER FL 33458 US
--	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/24/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2052743
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>KUNKLE, CRAIG 275 TONEY PENNA DR. STE. 7 JUPITER FL 33458</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BELMARSH, ARCHIE		1.2 NAME TURK, SHELDON	
STREET ADDRESS 438 BRACKENWOOD LANE SOUTH		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WARNER, CHARLES		2.2 NAME DINARIA, CHARLES	
STREET ADDRESS 606 BRACKENWOOD COVE		2.3 STREET ADDRESS 408 BRACKENWOOD LANE S	
CITY-ST-ZIP PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP PBG, FL	
TITLE VPS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAFFNEY, EDNA		3.2 NAME	
STREET ADDRESS 101 BRACKENWOOD RD		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SERAFINI, JOHN		4.2 NAME ALI, SAL	
STREET ADDRESS 618 BRACKENWOOD AVENUE		4.3 STREET ADDRESS 494 BRACKENWOOD LANE S	
CITY-ST-ZIP PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP PBG, FL 33418	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORMAN, SIDNEY		5.2 NAME	
STREET ADDRESS 223 BRACKENWOOD TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP PALM BCH GARDENS FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOWE, ROBERT		6.2 NAME	
STREET ADDRESS 134 BRACKENWOOD ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP PALM BCH GARDENS FL		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, on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheldon S. Turk* SHELDON S. TURK 2/24/99 561-575-7792

CR2E037 (1/198)