

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 91422 038 \*\*\*\*61.25

**DOCUMENT # 753078**

1. Entity Name

**GOLF VILLAS AT PGA NATIONAL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

275 TONEY PENNA DRIVE  
 STE 22  
 JUPITER FL 33458  
 US

SUNRISE MANAGEMENT CO  
 275 TONEY PENNA DR. STE. 7  
 JUPITER FL 33458-5752  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2052743**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **P**  
**TURK, SHELDON**  
 STREET ADDRESS **438 BRACKENWOOD LANE SOUTH**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE  Change  Addition  
 NAME **SEC/VP**  
**JOSEPH NOTO**  
 STREET ADDRESS **138 BRACKEN WOOD RD.**  
 CITY-ST-ZIP **PALM BEACH GARDENS, FL**

TITLE  Delete  
 NAME **T**  
**DIMARIA, CHARLES**  
 STREET ADDRESS **408 BRACHLENWOOD LN.**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE  Change  Addition  
 NAME **T**  
**JACK MCCOMBS**  
 STREET ADDRESS **565 BRACKENWOOD PLACE**  
 CITY-ST-ZIP **PALM BEACH GARDENS, FL**

TITLE  Delete  
 NAME **VPS**  
**GAFFNEY, EDNA**  
 STREET ADDRESS **101 BRACKENWOOD RD**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE  Change  Addition  
 NAME **D**  
**PHILUS ANDRE**  
 STREET ADDRESS **318 BRACKENWOOD CIRCLE**  
 CITY-ST-ZIP **PALM BEACH GARDENS, FL**

TITLE  Delete  
 NAME **D**  
**ALI, SAL**  
 STREET ADDRESS **494 BRACKENWOOD LNS**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D M**  
**FORAN, SIDNEY**  
 STREET ADDRESS **223 BRACKENWOOD TERRACE**  
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Charles C. Dimaria**

Date **4/14/00**

Daytime Phone # **(561) 575-7792**

CR2E037 (9/99)