

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90232 004 ****70.00

DOCUMENT # 768909

1. Entity Name
PGA VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address

9700 RESERVE BLVD 9700 RESERVE BLVD
 PT ST LUCIE FL 34986 PT ST LUCIE FL 34986-3264
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

5295 Town Center Rd.
 SUITE #200
 Boca Raton, FL

4. FEI Number Applied For
 59-2765469 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country Zip Country

33486 US 33486 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CSAPO, JOHN C
 9700 RESERVE BLVD
 PORT ST. LUCIE FL 34986

Name **William R. Isaacson**
 Street Address (P.O. Box Number is Not Acceptable)
 5295 Town Center Road #200
 City **Boca Raton** **FL** Zip Code **33486**

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 DATE **02-17-00**

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	PDS	TITLE	
NAME	CSAPO, JOHN C	NAME	
STREET ADDRESS	9700 RESERVE BLVD	STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	TOMPSON, JOHN R	NAME	
STREET ADDRESS	9700 RESERVE BLVD	STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34986	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	GELFORD, JAYME	NAME	
STREET ADDRESS	9700 RESERVE BLVD	STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34986	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JAVA, STEVE	NAME	
STREET ADDRESS	9700 RESERVE BLVD	STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	CITY-ST-ZIP	
TITLE		TITLE	DVS
NAME		NAME	Vail Robert
STREET ADDRESS		STREET ADDRESS	2100 Reserve Park Trac
CITY-ST-ZIP		CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 reports 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: **REQUIRED** Date **2/10/00** Daytime Phone #

CF2E037 (9/99)