

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90016 016 \*\*\*\*70.00

**DOCUMENT # 768909**

1. Entity Name

**PGA VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

9700 RESERVE BLVD  
 PT ST LUCIE FL 34986  
 US

5295 TOWN CENTER RD  
 SUITE 200  
 BOCA RATON FL 33486  
 US

**00037706**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

21045 Commercial Trail

City & State

City & State  
 Boca Raton, FL

4. FEI Number

59-2765469

Applied For

Not Applicable

Zip

Country

Zip  
 33486

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISAACSON, WILLIAM K  
 5295 TOWN CENTER ROAD  
 #200  
 BOCA RATON FL 33486

Name

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

21045 Commercial Trail

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PDS	CSAPO, JOHN C	9700 RESERVE BLVD	PORT ST LUCIE FL 34986	<input type="checkbox"/>
VD	TOMPSON, JOHN R	9700 RESERVE BLVD	PT ST LUCIE FL 34986	<input type="checkbox"/>
DVS	VAIL, ROBERT	2160 RESERVE PARK TRACE	PORT SAINT LUCIE FL 34986	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)