
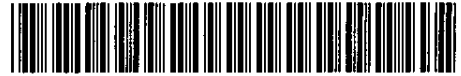


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 768909 1. Entity Name PGA VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 9700 RESERVE BLVD PT ST LUCIE FL 34986 US	Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON FL 33486 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2765469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON, 21045 COMMERCIAL TRAIL BOCA RATON FL 33486	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	CSAPO, JOHN
STREET ADDRESS	2140 RESERVE PARK TRACE
CITY-ST-ZIP	PORT ST. LUCIE FL 34986
TITLE	VDFI <input type="checkbox"/> Delete
NAME	FINGULIN, GEORGE
STREET ADDRESS	2140 RESERVE PARK TRACE
CITY-ST-ZIP	PORT ST. LUCIE FL 34986
TITLE	TD <input type="checkbox"/> Delete
NAME	VOLLER, KEVIN
STREET ADDRESS	2140 NW RESERVE TRACE
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000725190
CITY-ST-ZIP	05/03/07-80012-012 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: George Fingulin 4/3/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR