


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90057 038 ****61.25

DOCUMENT # N99000004723

1. Entity Name
PGA NATIONAL GOLF CLUB ESTATES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business HOWARD DEBS 4238 MAGNOLIA ST. PALM BEACH GARDENS, FL 33418	Mailing Address HOWARD DEBS 4238 MAGNOLIA ST. PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business ROBERT F BOYD	3. Mailing Address ROBERT F BOYD
Suite, Apt. #, etc. 4224 MAGNOLIA ST	Suite, Apt. #, etc. 4224 MAGNOLIA ST
City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARDENS, FL
Zip 33418	Country
Country	Zip 33418

01212004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0947014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent DICKER, KRIVOK & STOLOFF PA 1818 AUSTRALIAN AVE SOUTH STE 400 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	DEBS, HOWARD <input checked="" type="checkbox"/> Delete	TITLE D	JACQUELINE CHIODO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4238 MAGNOLIA ST.	NAME	4158 OAK ST
STREET ADDRESS	PALM BEACH GARDENS, FL 33418	STREET ADDRESS	PALM BEACH GARDENS, FL 33418
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	SMITH, NANCY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4278 HICKORY DRIVE	NAME	
STREET ADDRESS	PALM BEACH GARDENS, FL 33418	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	HESELTON, EDWARD <input type="checkbox"/> Delete	TITLE PD	HESELTON, EDWARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10718 LOCUST ST	NAME	10718 LOCUST ST.
STREET ADDRESS	PALM BEACH GARDENS, FL 33418	STREET ADDRESS	PALM BEACH GARDENS FL 33418
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE STD	BOYD, ROBERT F <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4224 MAGNOLIA STREET	NAME	
STREET ADDRESS	WEST PALM BEACH, FL 33418	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	ORMAN, RICHARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4203 OAK STREET	NAME	
STREET ADDRESS	WEST PALM BEACH, FL 33418	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Robert F Boyd **ROBERT F BOYD (STD)** **4/1/2004** **561-622-0302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #