

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995-1-95
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:24

DOCUMENT # 753078 (5)
1. Corporation Name
GOLF VILLAS AT PGA NATIONAL ASSOCIATION, INC.

Principal Place of Business
7100 FAIRWAY DRIVE, #29
PALM BEACH GARDENS FL 33418
Mailing Address
7100 FAIRWAY DRIVE, #29
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1980
3a. Date of Last Report 05/01/1994
4. FEI Number 59-2052743
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30
ALLSTATE PROPERTY MGT & REALTY INC.
21000 BOCA RIO RD. (A-9)
BOCA RATON, FL
33433

9. Name and Address of Current Registered Agent
QUEEN, SUSAN M.
7100 FAIRWAY DRIVE, #29
PALM BEACH GARDENS 33418

10. Name and Address of New Registered Agent
81 Name BEN BERGER
82 Street Address (P.O. Box Number is Not Acceptable) ALLSTATE PROP MGT & REALTY
83 21000 BOCA RIO RD A-9
84 City BOCA RATON FL
85 Zip Code 33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Ben Berger DATE 4/20/95
(NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	PD
NAME	TURK, SHELDON	12 NAME	TURK, SHELDON
STREET ADDRESS	7100 FAIRWAY DRIVE, 29	13 STREET ADDRESS	326 BRACKENWOOD CIRCLE
CITY - ST - ZIP	PALM BEACH GARDENS FL	14 CITY - ST - ZIP	PALM BEACH GARDENS FL 33418
TITLE	D	21 TITLE	D
NAME	LOWE, ROBERT	22 NAME	CHARLES WARNER
STREET ADDRESS	7100 FAIRWAY DRIVE #29	23 STREET ADDRESS	606 BRACKENWOOD COVE
CITY - ST - ZIP	PALM BEACH GARDENS FL	24 CITY - ST - ZIP	PALM BEACH GARDENS FL 33418
TITLE	D	31 TITLE	VICE PRES
NAME	COX, JOHN	32 NAME	GAFFNEY, EDNA
STREET ADDRESS	7100 FAIRWAY DRIVE #29	33 STREET ADDRESS	101 BRACKENWOOD ROAD
CITY - ST - ZIP	PALM BEACH GARDENS FL	34 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	PD	41 TITLE	TREASURER
NAME	KALLAL, WILLIAM	42 NAME	HABERKORN, JIM
STREET ADDRESS	7100 FAIRWAY DRIVE #29	43 STREET ADDRESS	3352 PARKER HILL ROAD
CITY - ST - ZIP	PALM BEACH GARDENS FL	44 CITY - ST - ZIP	SANTA ROSA, CA 95404
TITLE	VT	51 TITLE	SECRETARY
NAME	MCCOMBS, JACK	52 NAME	MCCOMBS, JACK
STREET ADDRESS	7100 FAIRWAY DR 29	53 STREET ADDRESS	565 BRACKENWOOD PLACE
CITY - ST - ZIP	PALM BCH GDN FL	54 CITY - ST - ZIP	PALM BEACH GARDENS FL 33418
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack McCombs DATE 4/21/95 1,800 273 1603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR