

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 753078 (5)

1. Corporation Name

GOLF VILLAS AT PGA NATIONAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7100 FAIRWAY DRIVE, #29  
PALM BEACH GARDENS FL 33418

~~ALLSTATE PROPERTY MGT & REALTY~~  
~~21000 BOCA RIO RD A-9~~  
~~BOCA RATON FL 33483~~  
~~US~~

3. Date Incorporated or Qualified

06/24/1980

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 275 Toney Penna Drive

26 Sunrise Management Co.

4. FEI Number

59-2052743

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 10

27 275 Toney Penna Dr.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Jupiter, fl

28 Jupiter, Fl

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33458

25

29 33458

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BERGER, BEN~~

~~ALLSTATE PROPERTY MGT & REALTY~~

~~21000 BOCA RIO RD A-9~~

~~BOCA RATON FL 33483~~

81 Name

Craig Kunkle

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

83

275 Toney Penna Drive, #10

84 City

Jupiter

FL

85

Zip Code  
33458

11. Pursuant to the provisions of Sections 617.0503 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (if title is applicable)

(NOTE: Registered Agent signature required when not resigning)

3/18/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PD  
TURK, SHELDON  
STREET ADDRESS  
326 BRAKEN WOOD CIRCLE  
CITY-ST-ZIP  
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME  
D  
WARENER, CHARLES  
STREET ADDRESS  
606 BRACKENWOOD COVE  
CITY-ST-ZIP  
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME  
VP  
GAFFNEY, EDNA  
STREET ADDRESS  
101 BRACKENWOOD RD  
CITY-ST-ZIP  
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME  
T  
HABERKORN, JIM  
STREET ADDRESS  
3352 PARKER HILL RD  
CITY-ST-ZIP  
SANTA ROSA CA

TITLE ☒ DELETE

NAME  
SAT  
MCCOMBS, JACK  
STREET ADDRESS  
565 BRACKEN WOOD PL  
CITY-ST-ZIP  
PALM BCH GDN FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

407-625-1525

Date Daytime Phone

CR2E037 (12/95)