

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747410 (9)

1. Corporation Name

PGA PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**1555 PALM BCH.LAKES BLVD.#1100
P.O.BOX 3267
WEST PALM BEACH FL 33402**

Mailing Address

**1555 PALM BCH.LAKES BLVD.#1100
P.O.BOX 3267
WEST PALM BEACH FL 33402**

3. Date Incorporated or Qualified
05/29/1979

3a. Date of Last Report
03/13/1995

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

4. FEI Number
59-1969421

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ECCLESTONE, E LLWYD, JR
1555 PALM BCH.LAKES BLVD.#1100
W. PALM BCH. FL 33402**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ECCLESTONE, E LLWYD, JR**
STREET ADDRESS **1555 PALM BCH.LKS.BLVD.**
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **TDS** ☐ DELETE

NAME **FOLEY, WILLIAM**
STREET ADDRESS **1555 PALM BCH.LKS.BLVD.**
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **D** ☐ DELETE

NAME **DEITZ, WILLIAM**
STREET ADDRESS **1555 PALM BCH.LKS.BLVD.**
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **D** ☒ DELETE

NAME **~~JERMAN, RICHARD A~~**
STREET ADDRESS **1555 PALM BCH.LKS.BLVD.**
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **D** ☐ DELETE

NAME **WRIGHT, COLIN**
STREET ADDRESS **1555 PALM BCH LKS BLVD.**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Ron Cooper

AS

**Maryann Morris
1555 Palm Beach Lakes Blvd Ste 1100
West Palm Beach FL 33401**

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 119.07(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: Ron Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

407/686-2000

Date

Daytime Phone #

CR2E037 (12/95)