FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

752033

(1)

PGA CLUB COTTAGES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address										- I TANKINI SHANDA OSHIM SINYE MBIND HINDE		II BADRI DERII DI	1011 01011 1001
		DRIVE. #29 GARDENS FL	33418	7100 FAIRWAY DRIVE. #29 PALM BEACH GARDENS FL 33418-3782									
			AM-04-1-1-1							3. Date incorporated or Qualified 04/15/1980	3a. Da	te of Last R 05/01/19	eport 96
2. F 21	Principal Place of Business 21			2a. Mailing Address 26					59-2052716 Not App			oplied For of Applicable	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional	
23	City & State			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t			
24	Zip		Country 25	Zi 29	•	30	country			8. This corporation has liability for		 	
		9. Name	and Address of Current		ed Agent					10. Name and Address of New Re			
							81	Name					
QUEEN, SUSAN M. 7100 FAIRWAY DRIVE, #29							82	Street Address (P.O. Box Number is Not Acceptable)					
PALM BEACH GARDENS 33418							83					,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-	
							84	City			FL	85 Zip (Code
	DIRICE OF F	realstereo aa	ions of Sections 617.0502 jent, or both, in the State o th, and accept the obligat	ot Florida -	SUCD CHARGE WAS	ເດນປະຕານ	プロペ カン	/ የክል ሶለ፣	l corpor poratio	oration submits this statement for the pon's board of directors. I hereby accept	urnaca of	changing it ointment as	s registered registered
SIG	NATURE .												
12.		Signature, typed	or printed name of registered agent OFFICERS AND					nt signature	e required	d when reinstating)	DATE	SUSCOTOR	~ 11.46
TITLE		T	OFFICENS AND	DIRECTO	DELETE	13	I TITLE		T	ADDITIONS/CHANGES TO OFFIC	EHS AND	☐ Change	S IN 12
NAME		SCOTTY	' MALARA		- Decem		NAME					LI Change	L.J. Muquion
	ET ADDRESS		JRWAY DRIVE, 29					*********					
			EACH GARDENS FL					ADORESS					
TITLE	-ST-ZIP	PD	AOII GAIDEIN IL		DELETE		CITY-ST	I - ZIP				☐ Change	Addition
NAME		1	ER, STANLEY				NAME					L. Charige	L. Augusta
	ET ADDRESS		JRWAY DRIVE #29			18		ADDRESS					
	-\$T-ZIP	1	EACH GARDENS FL			1 -	4 CITY-S						
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	ET ADORESS		IRWAY DRIVE #29					ADDRESS					
	-ST-ZIP		CH GRDNS, FL 00000				I. CITY-SI						
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NAME	Ε		A, STEVE				2 NAME		•			ys	
	ET ADDRESS		IRWAY DR 29			1		ADDRESS		•			
	- ST-ZIP		CH GDN FL				CITY-ST						
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	ET ADDRESS		IRWAY DR 29					ADORESS					
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TITLE		D			☐ DELETE		TITLE		50	5		Change	Addition
NAME		WISTER,	JANE D				NAME		Fo	ley, William		,	_
STREE	ET ADDRESS		IRWAY DR 29					ADDRESS	` ¯	105/10/11/12/11			
DITA	61 70		CH CON EI	1			.[į				

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing does not qualify information indicated on this annual report or supplemental annual report is tru. I am an officer or director of the corporation or the receiver or trustee empower appears in Block 12 or Block 13 if changed, or of an intertain of twith an address.

28/97 561-625-8588

bition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the late and that my signature shall have the same legal effect as if made under oath; that let this report as required by Chapter 617, Florida Statutes; and that my name

FILED

Apr 17 1997 8:00am

Secretary of State