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Apr 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
275 TONEY PENNA DRIVE SU Sunrise Management CO
SUITE 10-7 275 TONEY PENNA DR 10-7
JUPITER FL 33458 JUPITER FL 33458-5782
US US

3. Date Incorporated or Qualified 06/24/1980 3a. Date of Last Report 04/05/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2052743		Applied For	
21. Suite, Apt. #, etc. SUITE 7		26. Suite, Apt. #, etc. SUITE 7				Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24. Country		29. Country		30. 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

KUNKLE, CRAIG
275 TONEY PENNA DRIVE 10-7
~~21000 BOCA RIO RD A-3~~
JUPITER FL 33458

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) SUITE 7
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	325 BRACKEN WOOD CIR PALM BCH GNS FL 33418-9833	1.3 STREET ADDRESS	618 BRACKENWOOD COUG P.B. GARDENS, FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WARNER, CHARLES	2.1 TITLE	
NAME	606 BRACKENWOOD COVE	2.2 NAME	
STREET ADDRESS	PALM BEACH GARDENS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP + S GAFFNEY, EDNA	3.1 TITLE	
NAME	101 BRACKENWOOD RD	3.2 NAME	
STREET ADDRESS	PALM BEACH GARDENS FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	M HOOPER, LARRY J SR	4.1 TITLE	
NAME	1125 HEMLOCK CIRCLE	4.2 NAME	
STREET ADDRESS	FT PIERCE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S KELLY, JEAN	5.1 TITLE	
NAME	565 BRACKEN WOOD PL	5.2 NAME	
STREET ADDRESS	PALM BCH GARDENS FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BRANCATO, JOSEPH	6.1 TITLE	
NAME	N447567	6.2 NAME	
STREET ADDRESS	PALM BCH GARDENS FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 in an attachment with an address.

SIGNATURE: X [Signature] 4/9/97 561-624-4367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043477

CR2E037 (9/96)