

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90199 019 \*\*\*\*70.00

**DOCUMENT # 747410**

1. Entity Name

**PGA PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

**7100 FAIRWAY DR  
 SUITE 29  
 PALM BEACH GARDENS FL 33418  
 US**

Mailing Address

**7100 FAIRWAY DR  
 SUITE 29  
 PALM BEACH GARDEN FL 33418  
 US**

**922382**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1969421**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIELDS, GARY D  
 ADMIRALTY TOWER, STE 700  
 4400 PGA BLVD  
 PALM BCH GDNS FL 33410**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 LYDDOY, PHILLIP S  
 7100 FAIRWAY DR, STE 30  
 PALM BCH GDNS FL 33418** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 LYDDOY, PHILLIP S.  
 7100 FAIRWAY DR # 29  
 PALM BEACH GARDENS, FL 33418** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD  
 SEGAL, ROBERT A  
 7100 FAIRWAY DR 29  
 PALM BCH GDNS FL 33418** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 SCALTRITO, FRANK  
 7100 FAIRWAY DR # 29  
 PALM BEACH GARDENS FL 33418** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 LAVIN, ALLEN S  
 7100 FAIRWAY DR 29  
 PALM BCH GDNS FL 33418** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 BRODERICK, JANE S  
 7100 FAIRWAY DR 29  
 PALM BCH GDNS FL 33418** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD  
 BRODERICK, JANE S  
 7100 FAIRWAY DR # 29  
 PALM BEACH GARDENS FL 33418** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 SLIFKA, PHILIP  
 7100 FAIRWAY DR # 29  
 PALM BCH GDNS FL 33418** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Philip S. Lyddoy, 103**

**1-31-01**

**(561) 627-2800**

Date

Daytime Phone #

CR2E037 (10/00)