

4/2/1

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 753078**

1. Entity Name

GOLF VILLAS AT PGA NATIONAL ASSOCIATION, INC.**FILED**
Apr 12, 2001 8:00 am
Secretary of State

04-02-2001 90060 046 ****61.25

Principal Place of Business

Mailing Address

275 TONEY PENNA DRIVE
STE 22
JUPITER FL 33458
USSUNRISE MANAGEMENT CO
275 TONEY PENNA DR., STE. 7
JUPITER FL 33458
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2052743

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

Name

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

City

FL

Zip Code

KUNKLE, CRAIG
275 TONEY PENNA DR.
STE. 7
JUPITER FL 33458

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 \$61.258. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	P	☐ Delete
NAME	TURK, SHELDON	
STREET ADDRESS	438 BRACKENWOOD LANE SOUTH	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	☐ Delete
NAME	DIMARIA, CHARLES	
STREET ADDRESS	408 BRACHLENWOOD LN.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	☐ Delete
NAME	ALI, SAL	
STREET ADDRESS	494 BRACKENWOOD LNS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	☐ Delete
NAME	FORAN, SIDNEY	
STREET ADDRESS	223 BRACKENWOOD TERRACE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	J	☐ Delete
NAME	JACK MCCOMBS	
STREET ADDRESS	565 BRACKENWOOD PLACE	
CITY-ST-ZIP	PALM BCH. GARDENS FL 33418	
TITLE	D	☐ Delete
NAME	PHILIP ANDRE	
STREET ADDRESS	218 BRACKENWOOD CIRCLE	
CITY-ST-ZIP	PALM BCH. GARDENS FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

Date

Daytime Phone #

JACK MCCOMBS

TREASURER

3-28-01 / 561-575-7792

CR2E037 (10/00)