2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752032

1. Entity Name

PGA PATIO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

300 AVE OF CHAMPIONS DALL REACH GARDENS EL 33418 300 AVE OF CHAMPIONS PALM BEACH GARDENS FL 33418

2. Principal Place of Business	3. Mailing Address	,
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Apr 16, 2002 8:00 am Secretary of State
04-16-2002 90184 002 ****70.00

US)			US									
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #,			Suite, Apt. #, etc.	, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Number 59-2052715 Applied For Not Applicable					
Zip	Country		Zip	Cou	ountry		5. Certificate of Sta	atus Desired		\$8.75 Add Fee Required		
	6. Name	and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent					
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QUEEN, SUSAN M. 300 AVE OF CHAMPIONS PALM BEACH GARDENS FL 33418				Street Ad	ddress (P	ess (P.O. Box Number is Not Acceptable)						
	±				City				FL	Zip Code		
8. The above	named entity	submits this statement for	the purpose of changing it	s register	ed office or	registere	ed agent, or both, in	the state of Flo	rida.			
SIGNATURE _	&					<u>.</u>						
	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signatu	ure required	when reinstating)		DATE	_		
F	ILE NOW	: FEE IS \$61.25	9. Election Ca Trust Fund		_	Ш	\$5.00 May Be Added to Fees	•)epartme	r Payable nt of State		
10.		OFFICERS AND DIR	ECTORS	11.			DDITIONS/CHANG	ES TO OFFICE	RS AND DI			-
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NAME	WILKRS, N	NANCY	7	NAN	4E	Ban	ghman, Lir	ida ,	•			
STREET ADDRESS	300 AVE (OF CHAMPIONS			eet address	300	ghman, Lir Avenue of C Beach Ga	hampion	15 	6		1
CITY-ST-ZIP	PALM BEA	NCH GARDENS FL 3341	8	ÇIT	r-ST-ZIP	Palm	Beach Ga	<u>raens F</u>	1 234	18		1

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:

MEQURAGEAT C MATZ