

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90177 013 ****61.25

DOCUMENT # 753078 1. Entity Name GOLF VILLAS AT PGA NATIONAL ASSOCIATION, INC.					
Principal Place of Business 275 TONEY PENNA DRIVE STE 22 JUPITER, FL 33458 US			Mailing Address SUNRISE 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			
Zip	Country	Zip	Country	03222004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2052743				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUNKLE, CRAIG 275 TONEY PENNA DR. STE. 7 JUPITER, FL 33458			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURK, SHELDON 326 BRACKENWOOD CIR PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JUDY JUST 165 BRACKENWOOD RD. PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SERAFINI, JOHN 618 BRACKENWOOD COVE PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAN AGIOLA 635 BRACKENWOOD COVE PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALI, SAL 494 BRACKENWOOD LNS PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHARLIE McDUNN 637 BRACKENWOOD COVE PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORMAN, SIDNEY 223 BRACKENWOOD TERRACE WEST PALM BEACH, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORMAN, SIDNEY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCOMBS, JACK 565 BRACKENWOOD PLACE WEST PALM BEACH, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRE, PHYLLIS 318 BRACKENWOOD CIR PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDRE, PHYLLIS	
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: <u><i>Sheeldon Turk</i></u> per <u>4/21/04</u> 561-575-7792 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					