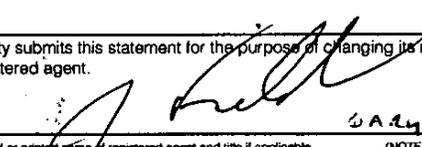
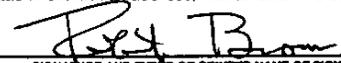


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90298 020 ****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 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number 59-1969421 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$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 FIELDS GARY D | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) # 900 ADMIRALTY TOWER | | |
| | | | 4400 PGA BLVD | | |
| | | | City PALM BEACH GARDENS | | FL |
| 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  | | | GARY D. FIELDS | | DATE 5/3/05 |
| Filing Fee is \$61.25 Due by May 1, 2005 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAVIN, ALLEN S | | NAME | HODGSON, ROBERT | |
| STREET ADDRESS | 7100 FAIRWAY DR #29 | | STREET ADDRESS | 7100 FAIRWAY DR #29 | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33413 | | CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | QUIRK, BARBARA | | NAME | | |
| STREET ADDRESS | 7100 FAIRWAY DR 29 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HODGSON, ROBERT | | NAME | SLIFKA, PHILIP | |
| STREET ADDRESS | 7100 FAIRWAY DR. #29 | | STREET ADDRESS | 7100 FAIRWAY DR #29 | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | METLIS, SCHYLER | | NAME | | |
| STREET ADDRESS | 7100 FAIRWAY DR # 29 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BCH GDNS, FL 33418 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, ROBERT | | NAME | | |
| STREET ADDRESS | 7100 FAIRWAY DRIVE # 29 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | | ROBERT BROWN | | DATE 5/2/05 (561)627.2800 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |