
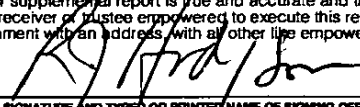


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90075 017 ****70.00

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|---|---|---|---|--|--|
| 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 | | Country | | 4. FEI Number 59-1969421 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FIELDS, GARY D ADMIRALTY TOWER, STE 900 4400 PGA BLVD PALM BCH GDNS, FL 33410 | | | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div> | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HODGSON, ROBERT 7100 FAIRWAY DR #29 PALM BEACH GARDENS, FL 33413 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT HODGSON BOB 7100 FAIRWAY DR. #29 PALM BEACH GARDENS, FL 33418 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD QUIRK, BARBARA 7100 FAIRWAY DR 29 PALM BEACH GARDENS, FL 33418 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TALIAFERRO, LYNN 7100 FAIRWAY DR 29 PALM BEACH GARDENS FL 33418 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SLIFKA, PHILIP 7100 FAIRWAY DR. #29 PALM BEACH GARDENS, FL 33418 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PAULUS, DONALD 7100 FAIRWAY DR 29 PALM BEACH GARDENS, FL 33418 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D METLIS, SCHYLER 7100 FAIRWAY DR # 29 PALM BCH GDNS, FL 33418 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ENGELSHER, MIKE 7100 FAIRWAY DR 29 PALM BEACH GARDEN FL 33418 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BROWN, ROBERT 7100 FAIRWAY DRIVE # 29 PALM BEACH GARDENS, FL 33418 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 J. HODGSON 1-30-06 (561)627-2800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |