

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90101 020 ****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**

4000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

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

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

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, 2006**

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 **P** ☐ Delete
NAME **TURK, SHELDON**
STREET ADDRESS **326 BRACKWOOD CIR.**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR CHARLIE McDYLIN**
STREET ADDRESS **637 BRACKEN WOOD COVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **T** ☐ Delete
NAME **SERAFINI, JOHN**
STREET ADDRESS **618 BRACKWOOD COVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR TONY AVERSANO**
STREET ADDRESS **476 BRACKEN WOOD COVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **VP** ☐ Delete
NAME **ALI, SAL**
STREET ADDRESS **494 BRACKWOOD LANES**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR EMANUEL SFAELOS**
STREET ADDRESS **101 BRACKEN WOOD RD**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **S** ☒ Delete
NAME **JUST, JODY**
STREET ADDRESS **165 BRACKEN WOOD ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33418**

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

TITLE **D** ☐ Delete
NAME **FIGLIOLA, DAN**
STREET ADDRESS **635 BRACKEN WOOD COVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33418**

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

TITLE **D** ☒ Delete
NAME **ANDRE, PHYLLIS**
STREET ADDRESS **318 BRACKENWOOD CIR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

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 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: **JOHN SERAFINI** 4-14-06 561-575-7792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #