

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90049 009 \*\*\*\*70.00

<b>DOCUMENT # 747410</b> 1. Entity Name ——— <b>PGA PROPERTY OWNERS ASSOCIATION, INC.</b>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01172007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-1969421</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FIELDS, GARY D          ADMIRALTY TOWER, STE 900          4400 PGA BLVD          PALM BCH GDNS, FL 33410</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HODGSON, ROBERT</b> <b>7100 FAIRWAY DR #29</b> <b>PALM BEACH GARDENS, FL 33413</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>TALIAFERRO, LYNN</b> <b>7100 FAIRWAY DR 29</b> <b>PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PAULUS, DONALD</b> <b>7100 FAIRWAY DR. #29</b> <b>PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ENGELSHER, MIKE</b> <b>7100 FAIRWAY DR # 29</b> <b>PALM BCH GDNS, FL 33418</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BROWN, ROBERT</b> <b>7100 FAIRWAY DRIVE # 29</b> <b>PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>TALIAFERRO, LYNN</b> <b>7100 FAIRWAY DR #29</b> <b>PALM BEACH GARDENS FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RYAN, JACK</b> <b>7100 FAIRWAY DR #29</b> <b>PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <u>Robert Brown</u> <b>ROBERT BROWN, TREAS.</b> <u>2-23-07</u> <u>561 627-2800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					