
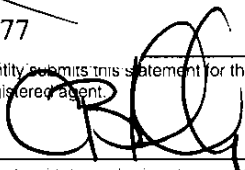
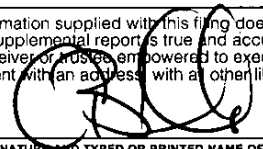


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90096 011 \*\*\*\*61.25

<b>DOCUMENT # 753078</b> 1. Entity Name <b>GOLF VILLAS AT PGA NATIONAL ASSOCIATION, INC.</b>			
Principal Place of Business <b>275 TONEY PENNA DRIVE</b> <b>STE 22</b> <b>JUPITER, FL 33458 US</b>		Mailing Address <b>SUNRISE MANAGEMENT CO</b> <b>275 TONEY PENNA DR., STE. 7</b> <b>JUPITER, FL 33458 US</b>	
2. Principal Place of Business - No P.O. Box #  <b>1061 E. Indiantown Rd.</b> <b>Suite 410</b> <b>Jupiter, Fla. 33477 US</b>		3. Mailing Address  <b>1061 E. Indiantown Rd.</b> <b>Suite 410</b> <b>Jupiter, Fla. 33477 US</b>	
4. FEI Number <b>59-2052743</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KUNKLE, CRAIG</b> <b>1061 E. Indiantown Road</b> <b>Suite 410</b> <b>Jupiter, FL 33477</b>		7. Name and Address of New Registered Agent Name <b>CRAIG Kunkle</b> Street Address (P.O. Box Number is Not Acceptable) <b>1061 E. INDIANTOWN Rd.</b> <b>Suite 410</b> City <b>JUPITER</b> FL Zip Code <b>33477</b>	
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			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</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	P MATSON, EDWARD 428 BRACKENWOOD LN SOUTH PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GELARDI, STEVE 306 BRACKENWOOD CIRCLE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SERAFINI, JOHN 618 BRACKWOOD COVE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JEAN 350 BRACKENWOOD COVE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALI, SAL 494 BRACKWOOD LANES PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI, SAL 494 BRACKENWOOD LANE SOUTH PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDULIN, CHARLIE 637 BRACKENWOOD COVE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUONGO, GINNY 413 BRACKENWOOD LANE SOUTH PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVY, DARLA 330 BRACKENWOOD CIR PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst, T LEVY, DARLA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERSANO, TONY 476 BRACKENWOOD COVE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVERSANO, TONY <input checked="" 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 reports 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 an other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

ATTACHMENT

40079216

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT #753078 -- GOLF VILLAS AT PGA NATIONAL ASSOCIATION, INC.

SECTION 11 -- ADDITIONS

TITLE: D  
MCGANNON, PATRICIA  
213 BRACKEN WOOD TERRACE  
PALM BEACH GARDENS, FL 33418

TITLE: D  
MILNE, DENNIS  
423 BRACKEN WOOD LANE SOUTH  
PALM BEACH GARDENS, FL 33418