

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753078

**Entity Name:** GOLF VILLAS AT PGA NATIONAL ASSOCIATION, INC.**Current Principal Place of Business:**590 BRACKENWOOD COVE  
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**C O SEACREST SERVICES INC  
2101 CENTREPARK W DR STE 110  
WEST PALM BEACH, FL 33409 US**FEI Number:** 59-2052743**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIELDS & BACHOVE PLLC  
4440 PGA BLVD STE 308  
PALM BEACH GARDENS, FL 33418 US*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.***SIGNATURE:** FIELDS & BACHOVE

03/06/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            AVERSANO, ANTHONY  
Address        476 BRACKENWOOD LANE SOUTH  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            SECRETARY  
Name            LUONGO, GINNY  
Address        413 BRACKENWOOD LANE SOUTH  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            DIRECTOR  
Name            DUKE, KATHY  
Address        528 BRACKENWOOD PLACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            DIRECTOR  
Name            ANGLE, RON  
Address        466 BRACKENWOOD LANE SOUTH  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            VP & TREASURER  
Name            LEVY, DARLA  
Address        330 BRACKENWOOD CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            DIRECTOR  
Name            ACCETTURO, MIKE  
Address        501 BRACKENWOOD PLACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            DIRECTOR  
Name            KANE, MADELINE  
Address        309 BRACKENWOOD CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            DIRECTOR  
Name            GABRIELE, AL  
Address        126 BRACKENWOOD DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY AVERSANO

PRESIDENT

03/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	O'DONNELL, TOM
Address	492 BRACKENWOOD LANE SOUTH
City-State-Zip:	PALM BEACH GARDENS FL 33418