

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768909

Entity Name: PGA VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2140 NW RESERVE PARK TRACE
PORT ST. LUCIE, FL 34986

Current Mailing Address:

2140 NW RESERVE PARK TRACE
PORT ST. LUCIE, FL 34986 US

FEI Number: 59-2765469

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATED CORPORATE SERVICES
6111 BROKEN SOUND PARKWAY
SUITE 200
BOCA RATON, FL 33487 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: LOUIS CAPLAN, ESQUIRE

03/22/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MONTEMURRO, DOMENIC
Address 9059 SHORT CHIP CIRCLE
City-State-Zip: PORT ST. LUCIE FL 34986

Title VP
Name POVER, PETER
Address 8028 LINKS WAY
City-State-Zip: PORT ST. LUCIE FL 34986

Title S
Name HAMMER, PAM
Address 7672 CHARLESTON WAY
City-State-Zip: PORT ST. LUCIE FL 34986

Title T
Name ALBY, CHARLES
Address 8100 ALISTER PLACE
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name HURT, MAURE JR.
Address 8410 BELFRY PLACE
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name STOLL, JUDITH
Address 10126 INVERNESS WAY
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name ANDERSON, CAROL
Address 7228 MAIDSTONE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34986

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: DOMENIC MONTEMURRO

PRESIDENT

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date