

2017 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:** Yes**Name and Address of Current Registered Agent:**CARROLL, KEVIN M
790 PARK OF COMMERCE BLVD
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:** KEVIN CARROLL

04/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LEARY, BILL
Address 8733 TOMPSON POINT ROAD
City-State-Zip: PORT ST. LUCIE FL 34986

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

Title TREASURER
Name CONNOLLY, MARK
Address 8060 PLANTATION LAKES DRIVE
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name ANTUNA, GENE
Address 7421 BOB O LINK WAY
City-State-Zip: PORT ST. LUCIE FL 34986

Title SECRETARY
Name ESKOLA, ARTHUR
Address 7907 PLANTATION LAKES DR
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name HALL, S. SAM
Address 8832 CHAMPIONS WAY
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name RYAN, ELLEN
Address 9012 ONE PUTT PLACE
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: CHUCK ALBY

VICE PRESIDENT

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date