

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768909

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

Current Principal Place of Business:

9200 ONE PUTT PLACE
PORT ST LUCIE, FL 34986

Current Mailing Address:

9200 ONE PUTT PLACE
PORT ST LUCIE, FL 34986 US

FEI Number: 59-2765469

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SACHS SAX CAPLAN, P.L.
611 BROKEN SOUND PARKWAY NW
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: IVAN SOMERS

02/21/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name REED, MARK
Address 9200 ONE PUTT PLACE
City-State-Zip: PORT ST. LUCIE FL 34986

Title PRESIDENT
Name SOMERS, IVAN DR.
Address 9200 ONE PUTT PLACE
City-State-Zip: PORT ST. LUCIE FL 34986

Title SECRETARY
Name CARTMILL, KAREN
Address 9200 ONE PUTT PLACE
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name DALY, MONICA
Address 9200 ONE PUTT PLACE
City-State-Zip: PORT ST. LUCIE FL 34986

Title TREASURER
Name SCHIFILLITI, SALVATORE
Address 9200 ONE PUTT PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title VP
Name BOYD, MATTHEW
Address 9200 ONE PUTT PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name ANDRE, SHARON
Address 9200 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: IVAN SOMERS

PRESIDENT

02/21/2024

Electronic Signature of Signing Officer/Director Detail

Date