1995 Division of Corporations

# DOCUMENT # 620997 (7)

1. Corporation Name

**PGA NATIONAL REALTY COMPANY**

95 APR 19 AM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1555 PALM BCH LAKES BLVD., STE. 1100<br>P.O. BOX 3267<br>WEST PALM BEACH FL 33402 | 1555 PALM BCH LAKES BLVD., STE. 1100<br>P.O. BOX 3267<br>WEST PALM BEACH FL 33402 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1979
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 | Country — 25
Zip — 29 | Country — 30

4. FEI Number: 59-1916561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

ECCLESTONE, E.L. JR
1555 PALM BCH.LAKES BLVD.,STE.1100
WEST PALM BEACH FL

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | CD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ECCLESTONE, E L JR | 1.2 NAME | | |
| STREET ADDRESS | 1555 PALM BCH.LKS.BLVD. | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | W PALM BEACH, FL 00000 | 1.4 CITY-ST-ZIP | | |
| TITLE | VTD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COOPER, RON | 2.2 NAME | | |
| STREET ADDRESS | 1555 PALM BCH LKS BLVD. | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | W PALM BEACH, FL 00000 | 2.4 CITY-ST-ZIP | | |
| TITLE | ~~V~~ | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ~~ZOBERMAN, NORMAN~~ | 3.2 NAME | | |
| STREET ADDRESS | ~~1555 PALM BEACH LAKES BLVD~~ | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~W. PALM BEACH FL~~ | 3.4 CITY-ST-ZIP | | |
| TITLE | P | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ECLESTONE, E LLWYD III | 4.2 NAME | | |
| STREET ADDRESS | 1555 PALM BEACH LAKES BLVD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | W. PALM BEACH FL | 4.4 CITY-ST-ZIP | | |
| TITLE | V | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RANDOLPH, BESSIE E | 5.2 NAME | | |
| STREET ADDRESS | 1555 PALM BEACH LAKES BLVD | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | W. PALM BEACH FL | 5.4 CITY-ST-ZIP | | |
| TITLE | S | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEYENDECKER, HELENA | 6.2 NAME | | |
| STREET ADDRESS | 1555 PALM BCH LAKES BLVD STE 1100 | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | W PALM BCH FL | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Ron Cooper 4/5/95 407/686-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000166 CP