

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90115 031 ***158.75

DOCUMENT # 620997

1. Corporation Name

PGA NATIONAL REALTY COMPANY

Principal Place of Business

1555 PALM BCH. LAKES BLVD., STE. 1100
P.O. BOX 3267
WEST PALM BEACH FL 33402

Mailing Address

1555 PALM BCH. LAKES BLVD., STE. 1100
P.O. BOX 3267
WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1979

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

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

CD

NAME

ECCLESTONE, E L JR

STREET ADDRESS

1555 PALM BCH.LKS.BLVD.

CITY-ST-ZIP

W PALM BEACH, FL 00000

TITLE

EVTD

NAME

COOPER, RON

STREET ADDRESS

1555 PALM BCH LKS BLVD.

CITY-ST-ZIP

W PALM BEACH, FL 00000

TITLE

P

NAME

ECCLESTONE, E LLWYD III

STREET ADDRESS

1555 PALM BEACH LAKES BLVD

CITY-ST-ZIP

W. PALM BEACH FL

TITLE

V

NAME

YAHN, WILLIAM D

STREET ADDRESS

1555 PALM BEACH LAKES BLVD

CITY-ST-ZIP

W. PALM BEACH FL

TITLE

S

NAME

~~EVANS, ARLENE~~

STREET ADDRESS

1555 PALM BCH LAKES BLVD STE 1100

CITY-ST-ZIP

W PALM BCH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Nannette Gammon

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Ron Cooper

3/18/99

561/686-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR05034 (11/98)