2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007
Secretary of State

DOCUMENT# N02000009429

Entity Name: PGA PROFESSIONAL CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ONE PENN PLAZA
SUITE 4015
NEW YORK, NY 10119

New Principal Place of Business:

Current Mailing Address:

ONE PENN PLAZA
SUITE 4015
NEW YORK, NY 101194015

New Mailing Address:

FEI Number: 33-1058006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: WILSON, GEORGE P
Address: ONE PENN PLAZA, SUITE 4015
City-St-Zip: NEW YORK, NY 101194015

Title: VTD ( ) Delete
Name: KAZ, JANET M
Address: ONE PENN PLAZA, SUITE 4015
City-St-Zip: NEW YORK, NY 101194015

Title: VPD ( ) Delete
Name: VANDER ZWAAG, JOHN B
Address: ONE PENN PLAZA, SUITE 4015
City-St-Zip: NEW YORK, NY 101194015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH BONVENTRE VP 05/25/2007

Electronic Signature of Signing Officer or Director — Date