

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009429

FILED
Mar 26, 2009
Secretary of State

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:

C/O LEXINGTON REALTY TRUST
2 JERICHO PLAZA, WING A, SUITE 211
JERICHO, NY 11753

New Mailing Address:

ONE PENN PLAZA
SUITE 4015
NEW YORK, NY 10119

FEI Number: 33-1058006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: GEORGE P. WILSON

PSD

03/26/2009

Electronic Signature of Signing Officer or Director

Date