


2005**CORPORATION
ANNUAL REPORT****FILED**
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N06000006022 1. Entity Name PGA HOTEL-RETAIL PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 4431 PGA BLVD PALM BEACH GARDENS, FL 33410	Mailing Address 1050 SEVENTEETH STREET SUITE 1200 DENVER, CO 80265
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DO NOT WRITE IN THIS SPACE

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 84-1597212	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered AgentSMITH, LAWRENCE W ESQ
GARY DYTRYCH & RYAN, P.A.
701 US HWY 1, STE 402
N PALM BEACH, FL 33408**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKE, GABE L 1050 17TH ST, STE 1200 DENVER, CO 80265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, THOMAS M 1050 17TH ST, STE 1200 DENVER, CO 80265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANNING, JOEL 3300 PGA BLVD, STE 550 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/18/05-80010-025 150.00**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabe L. Finke, Director June 30, 2005 303-543-6322

Date

Daytime Phone #