2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008740

FILED Apr 16, 2009 Secretary of State

Entity Name: 2701 PGA BOULEVARD CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
2701 PGA	BOULEVARD	
PALM BEA	ACH GARDENS, FL 33410	
Current N	lailing Address:	New Mailing Address:
2701 PGA	BOULEVARD	
C PALM BEA	ACH GARDENS, FL 33410	
El Number	: 20-5437404 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Ag	ent: Name and Address of New Registered Agent:
SAMOT. J	JR., ALBERT J	
	BOULEVARD	
2701 PGA C		
2701 PGA C PALM BEA The above n the State	BÖULEVARD ACH GARDENS, FL 33410 US named entity submits this statement fe of Florida.	or the purpose of changing its registered office or registered agent, or both,
2701 PGA PALM BEA The above	BÖULEVARD ACH GARDENS, FL 33410 US e named entity submits this statement fe e of Florida. RE:	
2701 PGA C PALM BEA The above n the State	BÖULEVARD ACH GARDENS, FL 33410 US named entity submits this statement fe of Florida.	
2701 PGA C PALM BEA The above n the State	BÖULEVARD ACH GARDENS, FL 33410 US e named entity submits this statement fe of Florida. RE: Electronic Signature of Registe	ed Agent Date
2701 PGA C PALM BEA The above n the State BIGNATUI DFFICER: Italiane: Address:	BÖULEVARD ACH GARDENS, FL 33410 US e named entity submits this statement fe of Florida. RE: Electronic Signature of Registe S AND DIRECTORS: PD () Delete WALKER, ANDREW 2701 PGA BOULEVARD	ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

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: ALBERT J. GAMOT, JR. MR. 04/16/2009