



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90273 026 \*\*\*\*70.00

<b>DOCUMENT # N33678</b> 1. Entity Name <b>VILLA D'ESTE AT PGA NATIONAL HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 US</b>			Mailing Address <b>300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04182007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>65-0141517</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>QUEEN, SUSAN M 300 AVE. OF THE CHAMPIONS, STE 120 PALM BEACH GARDENS, FL 33418</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCALTRITO, FRANK 700 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 34418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Victor Cohen 701 VIA VERONA PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, MAXINE 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ada Semple 76 VIA VERONA PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEAULIEU, JOHN 700 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director FRANCES Morton 15 VIA AURELIA PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAMIERI, JOESPH 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bulent Kasterlak Director 11 VIA AURELIA PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOOKY, DAVID 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Director) Dennis Daulty 24 VIA DEL CORSO PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVITT, GEORGE 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Director) David McClosky 17 VIA DEL CORSO PALM BEACH GARDENS
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
<b>SIGNATURE:</b> _____ <span style="float: right;">Date _____ Daytime Phone # _____</span>					