

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N33678 1. Entity Name VILLA D'ESTE AT PGA NATIONAL HOMEOWNERS' ASSOCIATION, INC.				FILED 08 DEC 19 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 US		Mailing Address 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 US			
United Community Mgt. Corp.		2. Principal Place of Business - No P.O. Box # 11784 W. Sample Rd Suite, Apt. #, etc. #103			
3. Mailing Address 11784 W. Sample Rd Suite, Apt. #, etc. #103		4. FEI Number 65-0141517			
City & State Coral Springs, FL		City & State Coral Springs, FL		Applied For Not Applicable	
Zip 33065		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUEEN, SUSAN M 300 AVE OF THE CHAMPIONS, STE 120 PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent United Community Mgt. Corp. Street Address (P.O. Box Number is Not Acceptable) 11784 W. Sample Rd #103 Coral Springs FL 33065	
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 registration. SIGNATURE: <u>Denise Campbell U.P. Finance United Comm Mgmt.</u> 12/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCALTRITO, FRANK 300 AVE OF THE CHAMPIONS, SUITE #120 PALM BEACH GARDENS, FL 34418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dennis Quilty 300 Ave of the Champions, Ste 120 Palm Beach Gardens, FL 33418 800139228798 12/23/08--01015--002 **\$61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEMPE, ADA 300 AVE OF THE CHAMPIONS, SUITE #120 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORTON, FRANCES 300 AVE OF THE CHAMPIONS, SUITE #120 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KASTERIAK, BULENT 300 AVE OF THE CHAMPIONS, SUITE #120 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COHEN, VICTOR 300 AVE OF THE CHAMPIONS, SUITE #120 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCLASKY, DAVID 300 AVE OF THE CHAMPIONS, SUITE #120 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <u>[Signature]</u> 12-2-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

12/19