

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33678

FILED
Mar 25, 2011
Secretary of State

Entity Name: VILLA D'ESTE AT PGA NATIONAL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-0141517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 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: VPTD
Name: SCALTRITO, FRANK
Address: 4 VIA ANGELICO
City-St-Zip: PALM BEACH GARDENS, FL 34418

Title: SD
Name: SEMPLE, ADA
Address: 76 VIA VERONA
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D
Name: QUILTY, DENNIS
Address: 24 VIA DEL CORSO
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D
Name: HALLBERG, AUDREY
Address: 44 VIA VERONA
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: PD
Name: COHEN, VICTOR
Address: 7 VIA VERONA
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D
Name: MCCLOSKEY, DAVID
Address: 17 VIA DEL CORSO
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

SIGNATURE: FRANK SCALTRITO

VPTD

03/25/2011

Electronic Signature of Signing Officer or Director

_____ Date