FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36993** **(6)**

1. Corporation Name

PRESTON COURTS AT PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~7100 FAIRWAY DR~~ ~~STE 29~~ ~~PALM BCH GDNS FL 33418~~ ~~US~~	~~7100 FAIRWAY DR~~ ~~STE 29~~ ~~PALM BCH GDNS FL 33418~~ ~~US~~

3. Date Incorporated or Qualified: 03/08/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0412101 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Dickinson Management	26 400 Toney Penna Dr.
Suite, Apt. #, etc. 22 400 Toney Penna Dr.	Suite, Apt. #, etc. 27
City & State 23 Jupiter FL	City & State 28 Jupiter, FL
Zip 24 33458 Country 25 USA	Zip 29 33458 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~CT CORPORATION~~ ~~1200 SOUTH PINE ISLAND ROAD~~ ~~PLANTATION FL 33324~~	81 Name: Dickinson Management Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 400 Toney Penna Drive 83 84 City: Jupiter FL 85 Zip Code: 33458

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William M. Bryan 3-6-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	UNMARINO, JOE	1.2 NAME	
STREET ADDRESS	1000 SO FEDERAL HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	
TITLE	TSD	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANCHINI, ALBERT	2.2 NAME	
STREET ADDRESS	1000 SO FEDERAL HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, WILLIAM	3.2 NAME	
STREET ADDRESS	201 WOODSMUIR CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William M. Bryan 4-19-95 (407) 694-3358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011708