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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N36993 (6)

1. Corporation Name

PRESTON COURTS AT PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

DICKINSON MANAGEMENT  
400 TONEY PENNA DR  
JUPITER FL 33458  
US

400 TONEY PENNA DR.  
STE 29  
JUPITER FL 33458  
US

3. Date Incorporated or Qualified

03/08/1990

4. FEI Number

65-0412101

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKINSON MANAGEMENT INC.  
400 TONEY PENNA DRIVE  
JUPITER FL 33458

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Shirley M. Springer*

(NOTE: Registered Agent signature required when reinstating)

3-11-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS HYATT, LOU  
CITY-ST-ZIP 223 WOODSMUIR COURT  
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS CHASE, JACK  
CITY-ST-ZIP 210 WOODSMUIR COURT  
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS FLASTER, ROBERT  
CITY-ST-ZIP 207 WOODSMUIR COURT  
PALM BCH GDNS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

*Shirley M. Springer*

Date

Daytime Phone #

CR2E037 (10/97)