

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 APR 28 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

34/01/05 0000 0317000



03312005 REIN-NP CR2E099 (6/04)

DOCUMENT # N36993					
1. Entity Name PRESTON COURTS AT PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business LANG MANAGEMENT 21045 COMMERCIAL TRL BOCA RATON, FL 33486 US			Mailing Address 400 TONEY PENNA DR. STE 29 JUPITER, FL 33458 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0412101	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARROLL, KEVIN M LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	PD MILLING, ALICE 200 WOODSMUIR COURT PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kip Friedman, Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 204 Woodmuir Ct. Palm Beach Gardens, FL 33418		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHASE, JACK 210 WOODSMUIR COURT WEST PALM BEACH, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dennis Moore, U.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 220 Woodmuir Ct. Palm Beach Gardens, FL 33418		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONEY, DENNIS <input checked="" type="checkbox"/> Delete 224 WOODSMUIRE CRT PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Mac Donald, Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 232 Woodmuir Ct. Palm Beach Gardens, FL 33418		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UGUCCIONI, JOHN <input checked="" type="checkbox"/> Delete 216 WOODSMUIR COURT WEST PALM BEACH, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Selma Feldman, Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 219 Woodmuir Ct. Palm Beach Gardens, FL 33418		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marilyn Faring, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 201 Woodmuir Ct. Palm Beach Gardens, FL 33418		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Albert Furris, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 203 Woodmuir Ct. Palm Beach Gardens, FL 33418		
12. 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 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>John F. MacDonald Jr.</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>4/21/05</u> Daytime Phone #: <u>561-630-5616</u>					
JOHN F. MACDONALD JR., DIRECTOR & TREASURER					

11. Additions/Changes to Officers and Directors In 10 (Continued)

Title	Director
Name	Maurice Kupritz
Street Address	215 Woodsmuir Court
City-St-Zip	Palm Beach Gardens, FL 33418



*Community Association Management
Building and Grounds Maintenance
Commercial Property Management*

April 25, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Please waive the reinstatement fee as we did not receive the notification letter.
If there is any question or concern, please do not hesitate to contact us at 561-750-8800.

Sincerely Yours,

Yvonne Ebanks
Staff Accountant

