-2008 NOT-FOR-PROFIT CORPORATION

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The principal Place of Business Melaing Address Melaing Address ADD TON'T PENNA DR. STE 29 EVALUATION, INC. INPITER, FL 33458 US INPITER, FL 33458 U	ANNUAL REPORT							Apr 03, 2008 08:0 Secretary of Sta			
LANG MANAGEMENT COMPANY, INC. 2104 Solice COMMERCIAL TRAIL BOCA RATION, FL 33488 US Suito, Apt. #, etc. City & State City & S		1. Entity Name PRESTON COURTS AT PGA NATIONAL HOMEOWNERS					S	Secretary	of Sta		
Suite Apt. #, etc. Suite		LANG MANAG 21045 COM	SEMENT AMERICIAL TRL S	100 Toney Penna dr. Ste 29	US						
City & State Country Cou		2. Principal P	lace of Business - No P O. Box # 3.	Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132008 C	Chg-NP	CR2E037 (12/06)	1	
Signature Part Signature	City & State			City & State			 01		Applied For		
CARROLL, KEVIN M LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 City FL 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 a the obligations of registered agent. SIGNATURE Signature hand or proted name of registered agent and title a decision. Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 35.00 May Be Added to Fees Plorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10 ITILE FARINA, MARILYN SIREL ADDRESS CITY-51-2P NAME SIREL ADDRESS CITY-51-2P MACDONALD, JOHN SIREL ADDRESS CITY-51-2P MACDONALD, JOHN SIREL ADDRESS CITY-51-2P ADD MAD BEACH GARDENS, FL 33418 Delete ITILE D Change AMAE SIREL ADDRESS CITY-51-2P NAME SIREL ADDRESS CITY-51-2P ALM BEACH GARDENS, FL 33418 Delete ITILE D Change AMAE SIREL ADDRESS CITY-51-2P ALM BEACH GARDENS, FL 33418 Delete ITILE D Change AMAE SIREL ADDRESS CITY-51-2P ALM BEACH GARDENS, FL 33418 Delete ITILE D Change AMAE SIREL ADDRESS CITY-51-2P TILE D Change C Ch		Zip Country		Zip Co		5. Certificate of State		Status Desired	□ \$8.75 A	dditional	
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21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 City FL 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 a the obligations of registered agent. SIGNATURE Signature typed or privated name of regulatered agent and title 4 abovegate. (NOTE Regulatered Agent agrature required when re-ressure)) DATE											
City FL 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 a the obligations of registered agent. SIGNATURE Signature		21045 COI	MMERCIAL TRAIL		-	Street Address (P.O. Box Number is Not Acceptable)			· · ·		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature hybrid or printed name of registered agent and state a applications. (NOTE Registered Agent signature required when re-retaining) DATE FIIIng Fee Is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. Adolf to Fees Added to Fees Make check payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES 11		BOOKINA		City			FL Zip Code				
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS			Signature, typed or printed name of registered agent and title	if applicable. (NOTE	Registered :	Agent signature requ	red when feinstaling)		DATE		
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: .

STREET ADDRESS CITY-ST-ZIP

> IREASULER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date