

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N36993

1. Entity Name
PRESTON COURTS AT PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.



FILED
08 DEC 30 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Mailing Address
400 TONEY PENNA DR.
STE 29
JUPITER, FL 33458 US

2. Principal Place of Business - No P.O. Box #
11784 West Sample Rd
Suite, Apt. #, etc. #103

3. Mailing Address
11784 W. Sample Rd
Suite, Apt. #, etc. #103



10182008 Chg-NP CR2E037 (12/06)

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33065

Country
USA

Zip
33065

Country
USA

4. FEI Number
65-0412101

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$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
United Community Mgt. Corp.
Street Address (P.O. Box Number is Not Acceptable)
11784 W. Sample Rd #103
Coral Springs FL 33065

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 Daniel Campbell U.P. Finance United Comm Mgmt 12/23/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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	P FARINA, MARILYN 201 WOODSMUIR CT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200139355702 12/30/08--01033--006 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACDONALD, JOHN 232 WOODMUIR COURT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELDMAN, SELMA 219 WOODMUIR COURT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUPRITZ, MAURICE 216 WOODSMUIR CT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRIS, ALBERT ALFRED 203 WOODSMUIR PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: John F. Macdonald Jr. TREASURER 12/15/08 561-630-5616

Signature and typed or printed name of signing officer or director Date Daytime Phone #