2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N36993

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

Current Principal Place of Business:

C/O UNITED COMMUNITY MGT. CORP
11784 WEST SAMPLE ROAD, #103
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

C/O UNITED COMMUNITY MGT. CORP
11784 WEST SAMPLE ROAD, #103
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 65-0412101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED COMMUNITY MANAGEMENT CORP
11784 WEST SAMPLE ROAD, #103
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FARINA, MARILYN
Address: 201 WOODSMUIR CT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T (X) Delete
Name: MACDONALD, JOHN
Address: 232 WOODMUIR COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S ( ) Delete
Name: FELDMAN, SELMA
Address: 219 WOODMUIR COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: KUPRITZ, MAURICE
Address: 216 WOODSMUIR CT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: FERRIS, ALFRED
Address: 203 WOODSMUIR
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FARINA, MARILYN
Address: 201 WOODSMUIR CT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: FELDMAN, SELMA
Address: 219 WOODMUIR COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D (X) Change ( ) Addition
Name: KUPRITZ, MAURICE
Address: 215 WOODSMUIR CT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU PALMER AGT 03/31/2009

Electronic Signature of Signing Officer or Director — Date