

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # N93000002775 (5)**

1. Corporation Name

PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0418872	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401		1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ECCLESTONE, E L JR
1555 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH FL 33401**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ECCLESTONE, E L	12 NAME	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1100	13 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	14 CITY - ST - ZIP	
TITLE	VF	21 TITLE	☒ Change ☐ Addition
NAME	COOPER, RON	22 NAME	V/T/D
STREET ADDRESS	C/O 1555 PALM BEACH LAKES BLVD. SUITE 1100	23 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	24 CITY - ST - ZIP	
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	LEYENDECKER, HELENA	32 NAME	S/D
STREET ADDRESS	C/O 1555 PALM BEACH LAKES BLVD. SUITE 1100	33 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Ron Cooper**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95 407/686-2000

Date

Telephone #