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FILED
May 29, 2002 8:00 am
Secretary of State

04-03-2002 90186 032 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002775

1. Entity Name

PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0418872

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VT
 COOPER, RON
 C/O 1555 PALM BEACH LAKES BLVD. SUITE 1100
 WEST PALM BEACH FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SD
 GANNON, NANNETTE
 C/O 1555 PALM BEACH LAKES BLVD. SUITE 1100
 WEST PALM BEACH FL

☐ Delete

TITLE
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☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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 817, 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 persons empowered.

SIGNATURE:

Ron Cooper

3/1/02

561/686-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)