


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90040 033 ****70.00

DOCUMENT # N96000005729 1. Entity Name THE RESORT VILLAS AT PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 300 AVENUE OF THE CHAMPIONS STE 120 PALM BEACH GARDENS, FL 33418 US			Mailing Address 300 AVENUE OF THE CHAMPIONS STE 120 PALM BEACH GARDENS, FL 33418 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0713147	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITIES MANAGEMENT COMMUNITIES MANAGEMENT 300 AVENUE OF THE CHAMPIONS #120 PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D HORK, MARILYN TERRY 209 REOSRT LANE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President 300 Avenue of the Champions #120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLDMAN, ROBERT DR 306 RESORT LANE PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Burns, Sheila 300 Ave of the Champions #120 Palm Beach Gardens FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROSENSTEIN, BEVERLY J 505 RESORT LANE PALM BEACH GARDES, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	300 Ave of the Champions, #120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: <u><i>Beverly J. Rosenstein</i></u> <u>4/10/2008</u> <u>561-625-8500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

