

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N99000004723**

1. Entity Name  
**PGA NATIONAL GOLF CLUB ESTATES NEIGHBORHOOD  
ASSOCIATION, INC.**



Principal Place of Business  
**ROBERT F BOYD  
4224 MAGNOLIA ST.  
PALM BEACH GARDENS, FL 33418**

Mailing Address  
**ROBERT F BOYD  
4224 MAGNOLIA ST.  
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0947014**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DICKER, KRIVOK&STOLOFF PA  
1818 AUSTRALIAN AVE SOUTH STE 400  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHIODO, JACQUELINE  
4158 OAK ST.  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HATTMAN, MARGARET  
4143 HICKORY DR.  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HESELTON, EDWARD  
10718 LOCUST ST  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
BOYD, ROBERT F  
4224 MAGNOLIA STREET  
WEST PALM BEACH, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ORMAN, RICHARD  
4203 OAK STREET  
WEST PALM BEACH, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000844645  
03/13/08-80007-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/2008**

Date

**561 622 0302**

Daytime Phone #