


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90036 012 ***150.00

DOCUMENT # P93000068929					
1. Entity Name PGA VALHALLA, INC.					
Principal Place of Business 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418			Mailing Address 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0447187	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRITY, CHRISTINE M 100 AVE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent 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. 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> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STERANKA, JOE		NAME		
STREET ADDRESS	640 INLET ROAD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN, ROGER		NAME	Tim Shank	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS		STREET ADDRESS	100 Avenue of the Champions	
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418		CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	COO	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOGIN, PAUL		NAME	Brian Whitcomb	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS		STREET ADDRESS	100 Avenue of the Champions	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REMY, JIM		NAME	Alan Wronowski	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS		STREET ADDRESS	100 Avenue of the Champions	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	TO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTINGER, KIRK		NAME		
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS		STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, CHRISTINE M		NAME		
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL		CITY-ST-ZIP		
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 607, 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>Christine Garrity/Christine Garrity</u>			1/22/07 5616248548		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		

40007020



01182007 Chg-P CR2E034 (12/06)