2002 Uniform Business Report (UBR)

Apr 07, 2002 8:00 am Secretary of State P99000036029 DOCUMENT # 1. Entity Name PGA NATIONAL REALTY REFFERAL ASSOCIATES, INC. 04-07-2002 90568 040 ***158.75 Principal Place of Business Mailing Address 1555 PALM BEACH LAKES BLVD. SUITE 1100 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0920689 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **ECCLESTONE, E LLWYD** Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BLVD, SUITE 1100 WEST PALM BEACH FL 33401 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition ECCLESTONE, E LLWYD NAME NAME 1555 PALM BEACH LAKES BLVD. SUITE 1100 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP DEVT TITLE Delete TITLE ☐ Change ☐ Addition NAME COOPER, RON NAME 1555 PALM BEACH LAKES BLVD, SUITE 1100 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME YAHN, WILLIAM NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD #1100 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition **GAMMON, NANNETTE** NAME NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD #1100 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all of er like empowered.

SIGNATURE:

Ron Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

561/686-2000

Daytime Phone #

CR2E034 (9/01