2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Coople

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .

May 03, 2005 8:00 am Secretary of State DOCUMENT # P99000036029 1. Entity Name 05-03-2005 90094 049 ***158.75 PGA NATIONAL REALTY REFFERAL ASSOCIATES, INC. Principal Place of Business Mailing Address 1555 PALM BEACH LAKES BLVD, SUITE 110 WEST PALM BEACH FL 33401 1555 PALM BEACH LAKES BLVD, SUITE 110 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Suite # 1100 Suite #1100 City & State City & State Applied For 4. FEI Number 65-0920689 Not Applicable Zip Country 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 ECCLESTONE, E LLWYD Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BLVD, SUITE 1100 WEST PALM BEACH FL 33401 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DCP ☐ Delete TITLE DP Addition ECCLESTONE, E LLWYD NAME NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD, SUITE 1100 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP DEVT THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME COOPER, RON NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD, SUITE 1100 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME YAHN, WILLIAM NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD #1100 STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 THILE ☐ Delete TITLE Change Addition GAMMON, NANNETTE NAME NAME 1555 PALM BEACH LAKES BLVD #1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE Delete ☐ 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 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 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.

Ron Cooper

4/27/05

Date

561-686-2000

Daytime Phone #

FILED