

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758935 (1)
1. Corporation Name
THE SAWGRASS PLAYERS CLUB ASSOCIATION, INC.



Principal Place of Business Mailing Address
% MAY MNGMNT SERV., INC
10036 SAWGRASS DR. STE 1
PONTE VEDRA BEACH FL 32082
% MAY MNGMNT SERV., INC
10036 SAWGRASS DR. STE 1
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified 06/26/1981
3a. Date of Last Report 06/19/1995
4. FEI Number 59-2102120
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAY MANAGEMENT
10036 SAWGRASS DRIVE SUITE 1
PONTE VEDRA BCH. FL 32082

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME LATSHAW JR, JOHN
STREET ADDRESS 158 BARBERRY LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL
TITLE VD ☐ DELETE
NAME FONTHAM, RENNIE
STREET ADDRESS 142 BERMUDA CT
CITY-ST-ZIP PONTE VEDRA BEACH FL
TITLE SD ☐ DELETE
NAME KERR, BILL
STREET ADDRESS 1005 ANCILLA LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL
TITLE TD ☐ DELETE
NAME FRAMPTON, HENRY
STREET ADDRESS 96 VERANDA LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082
TITLE D ☐ DELETE
NAME CARR, PENNY
STREET ADDRESS 4908 DUCK CREEK LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Bob Gryb
1.3 STREET ADDRESS 117 North Cove Drive
1.4 CITY-ST-ZIP Ponte Vedra Beach, FL
2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Aldo Oliva
2.3 STREET ADDRESS 6034 Bridgewater Circle
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082
3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Pete Hallock
3.3 STREET ADDRESS 8006 Whisper Lake Ln. W.
3.4 CITY-ST-ZIP Ponte Vedra Beach, FL
4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Alice Ranck
4.3 STREET ADDRESS 1156 Creeks Edge Court
4.4 CITY-ST-ZIP Ponte Vedra Beach, FL
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John H. Latshaw, Jr.

2/20/96

(904)273-9832

Date

Daytime Phone #

CR2E037 (12/95)