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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

% MAY MNGMNT SERV., INC
10036 SAWGRASS DR., STE 1
PONTE VEDRA BEACH FL 32082

Mailing Address

% MAY MNGMNT SERV., INC
10036 SAWGRASS DR., STE 1
PONTE VEDRA BEACH FL 32082-3527



3. Date Incorporated or Qualified
06/26/1981

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LATSHAW JR, JOHN
STREET ADDRESS 158 BARBERRY LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL ☐ DELETE

1.1 TITLE O
1.2 NAME Pete Hallock
1.3 STREET ADDRESS 8006 Whisper Lake Lane W.
1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082 ☐ Change ☒ Addition

TITLE VD
NAME FONTHAM, RENNIE
STREET ADDRESS 142 BERMUDA CT
CITY-ST-ZIP PONTE VEDRA BEACH FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME KERR, BILL
STREET ADDRESS 1005 ANCILLA LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME FRAMPTON, HENRY
STREET ADDRESS 96 VERANDA LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CARR, PENNY
STREET ADDRESS 4908 DUCK CREEK LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GRYB, BOB
STREET ADDRESS 117 NORTH COVE DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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.

CR2E037 (9/96)