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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758935

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified

06/26/1981

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 D ☐ DELETE
NAME HALLOCK, PETE
STREET ADDRESS 8006 WHIPSER LAKE LANE W
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE T ☒ DELETE
NAME BATTISTONI, LORI
STREET ADDRESS 6514 BURNHAM CIRCLE
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 D ☒ DELETE
NAME ESTES, GEORGE
STREET ADDRESS 1000 VICARS LANDING WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Larry Gonzales
1.3 STREET ADDRESS Ponte Vedra Beach, FL 32082
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME George Parnaby
2.3 STREET ADDRESS Ponte Vedra Beach, FL 32082
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Bill Rutkowski
3.3 STREET ADDRESS Ponte Vedra Beach, FL 32082
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME Gus Pocius
4.3 STREET ADDRESS 111 Camino Trail
4.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME Tina McGough
5.3 STREET ADDRESS Ponte Vedra Beach, FL 32082
5.4 CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99 (904) 249-1770
Date Date/Time Phone #

CR2E037 (1/98)