

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90028 016 ****61.25

DOCUMENT # 758935			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



**24005135 MAY MANAGEMENT
PONTE VEDRA**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent MAY MANAGEMENT 10036 SAWGRASS DRIVE SUITE 1 PONTE VEDRA BCH. FL 32082		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICARIO, JOE	NAME	
STREET ADDRESS	8017 PEBBLE CREEK LANE	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESERNE, HANK	NAME	
STREET ADDRESS	169 N COVE DR	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, BRUCE	NAME	
STREET ADDRESS	145 WATERS EDGE DR N	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNELLY, BARBARA	NAME	John Howard
STREET ADDRESS	6561 COMMODORE DRIVE	STREET ADDRESS	7004 Cypress Bridge Drive
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	Ponte Vedra Bch, FL 32082
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARNABY, GEORGE	NAME	Charles Morgan
STREET ADDRESS	5003 BUTTONWOOD DR	STREET ADDRESS	1161 Salt Creek Drive
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	Ponte Vedra Bch, FL 32082
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOMBARDO, IRENE	NAME	John Latshaw
STREET ADDRESS	1133 SALT CREEK DRIVE	STREET ADDRESS	158 Barberry Lane
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32802	CITY-ST-ZIP	Ponte Vedra Bch, FL 32082

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 617, 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.

SIGNATURE: *Joseph B. Di Carlo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04
Date

Daytime Phone #