

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90147 031 ****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		
4. FEI Number 59-2102120				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25. Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> P DICARIO, JOE 8017 PEBBLE CREEK LANE PONTE VEDRA BEACH, FL 32082 </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D LESESNE, HANK 169 N COVE DR PONTE VEDRA BEACH, FL 32082 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> T BOWMAN, BRUCE 145 WATERS EDGE DR N. PONTE VEDRA BEACH, FL 32082 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> UP HOWARD, JOHN 7004 CYPRESS BRIDGE DRIVE PONTE VEDRA BEACH, FL 32082 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D MORGAN, CHARLES 1161 SALT CREEK DRIVE PONTE VEDRA BEACH, FL 32082 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> P LATSHAW, JOHN 158 BARBERRY LANE PONTE VEDRA BEACH, FL 32082 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10					
<div style="display: flex; justify-content: space-between;"> <div> D George Parnaby 5003 Buttonwood Drive Ponte Vedra Bch, FL 32082 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> </div>					
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 and all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <div> 2/18/05 <small>Date</small> </div> <div> <small>Daytime Phone #</small> </div> </div>					