

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 760356 (6)

1. Corporation Name

BEACH CLUB VILLAS (SAWGRASS) CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ASSO MGMT OF PONTE VEDRA, INC.
3103 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH FL 32082
US

ASSO MGMT OF PONTE VEDRA, INC.
3103 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH FL 32082
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/09/1981

05/01/1994

4. FEI Number

Applied For

59-2157816

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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 9250 CYPRESS GREEN DR.

26 9250 CYPRESS GREEN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 105

27 SUITE 105

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32256

25 USA

29 32256

30 USA

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON PROPERTY MANAGEMENT
C/O CP CONNOLLY
615 HIGHWAY A1A
PONTE VEDRA FL 32082

81 Name

JOHN T. EWING

82 Street Address (P.O. Box Number is Not Acceptable)

9250 CYPRESS GREEN DRIVE

83

SUITE 105

84

JACKSONVILLE

FL

85

Zip Code

32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

John T. Ewing

(NOTE: Registered Agent signature required when changing)

3/15/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

STD

NAME

THOMPSON, JANE

STREET ADDRESS

PO BOX 2713/NA

CITY - ST - ZIP

PONTE VEDRA

11 TITLE

PD

☒ Change ☐ Addition

12 NAME

THOMPSON, JANE

13 STREET ADDRESS

P.O. BOX 2713/NA

14 CITY - ST - ZIP

PONTE VEDRA, FL 32004-2713

21 TITLE

VD

☐ Change ☒ Addition

22 NAME

LORIE ROGERS

23 STREET ADDRESS

P.O. BOX 2776/NA

24 CITY - ST - ZIP

PONTE VEDRA, FL 32004-2776

31 TITLE

TO

☐ Change ☒ Addition

32 NAME

CHARLES GRASBECK

33 STREET ADDRESS

512 DAVIS ST.

34 CITY - ST - ZIP

NEPTUNE BEACH, FL 32266

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(a), 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:

Jane Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/95

DATE

904-241-2770

TELEPHONE (Area #)