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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760356** (6)

1. Corporation Name

BEACH CLUB VILLAS (SAWGRASS) CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9116 CYPRESS GREEN DR
SUITE 206
JACKSONVILLE FL 32256
US

9116 CYPRESS GREEN DR
SUITE 206
JACKSONVILLE FL 32256-1895
US

3. Date Incorporated or Qualified
10/09/1981

3a. Date of Last Report
05/01/1996

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

24

25

29

30

4. FEI Number
59-2157816

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

EWING, JOHN T
9116 CYPRESS GREEN DR.
SUITE 206
JACKSONVILLE FL 32256

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 ☐ DELETE

NAME **PD**
THOMPSON, JANE
STREET ADDRESS **P O BOX 2713 N/A**
CITY-ST-ZIP **PONTE VEDRA**

TITLE ☒ DELETE

NAME **VD**
ROGERS, LORIE
STREET ADDRESS **P O BOX 27761 N/A**
CITY-ST-ZIP **PONTE VEDRA FL**

TITLE ☐ DELETE

NAME **TD**
GRSBECK, CHARLES
STREET ADDRESS **512 DAVIS ST**
CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE ☒ DELETE

NAME **D**
DOOM, DON
STREET ADDRESS **P.O. BOX 1727 N/A**
CITY-ST-ZIP **PONTE VEDRA FL 32004**

TITLE ☐ DELETE

NAME **D**
REESH, JOYCE
STREET ADDRESS **12 MARIA PLACE**
CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **D**
CÉCELIA LOAR
1.3 STREET ADDRESS **656 SUMMER PLACE**
1.4 CITY-ST-ZIP **PONTE VEDRA, FL 32082**

2.1 TITLE ☐ Change ☒ Addition

NAME **TD**
ALLAN COHEN
2.3 STREET ADDRESS **2938 SANDY BRANCH LANE**
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32257**

3.1 TITLE ☒ Change ☐ Addition

NAME **VD**
CHARLES GERSBECK
3.3 STREET ADDRESS **512 DAVIS ST.**
3.4 CITY-ST-ZIP **NEPTUNE BEACH, FL**

4.1 TITLE ☐ Change ☐ Addition

NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)