

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
 99 JUL -6 AM 9:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 760356
 1. Corporation Name
BEACH CLUB VILLAS (SAWGRASS) CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 9116 CYPRESS GREEN DR, SUITE 206, JACKSONVILLE FL 32256, US
 Mailing Address: 9116 CYPRESS GREEN DR, SUITE 206, JACKSONVILLE FL 32256, US



2. Principal Place of Business 21 200 Executive Way Suite, Apt. #, etc. 22 Suite 111 City & State 23 Ponte Vedra, FL Zip Country 24 32082 25 USA	2a. Mailing Address 26 P.O. Box 2055 Suite, Apt. #, etc. 27 Suite 111 City & State 28 Ponte Vedra, FL Zip Country 29 32004 30 USA	3. Date Incorporated or Qualified 10/09/1981	4. FEI Number 59-2157816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent
EWING, JOHN T
 9116 CYPRESS GREEN DR.
 SUITE 206
 JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
 81 Name **John T. Ewing**
 82 Street Address (P.O. Box Number is Not Acceptable)
 200 Executive Way
 83 Suite 111
 84 City **Ponte Vedra** **FL** 85 Zip Code **32082**

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: *John T. Ewing* **JOHN T. EWING** DATE: **4/15/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, JANE	
STREET ADDRESS	P O BOX 2713 N/A	
CITY-ST-ZIP	PONTE VEDRA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COHEN, ALLAN	
STREET ADDRESS	2938 SANDY BRANCH LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GERSBECK, CHARLES	
STREET ADDRESS	512 DAVIS ST	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOUK, ROBERT	
STREET ADDRESS	10 COVE RD	
CITY-ST-ZIP	PONTE VERDA FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REESH, JOYCE	
STREET ADDRESS	12 MARIA PLACE	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	800002932028--2
1.4 CITY-ST-ZIP	-07/15/99--01039--006
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	*****61.25 *****61.25
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John T. Ewing* **SIGNATURE REQUIRED** DATE: **4/17/99**

0006819
CR2E037 (11/98)