

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90016 018 ****61.25

DOCUMENT # 760356					
1. Entity Name BEACH CLUB VILLAS (SAWGRASS) CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 200 EXECUTIVE WAY SUITE 111 PONTE VEDRA FL 32082 US			Mailing Address PO BOX 2055 PONTE VEDRA FL 32004		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2157816	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EWING, JOHN T 200 EXECUTIVE WAY SUITE 111 PONTE VEDRA FL 32082			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code
			FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JANE		NAME	CHARLES GERSBECK	
STREET ADDRESS	1121 HAMLET COURT		STREET ADDRESS	512 DAVIS ST.	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		CITY-ST-ZIP	NEPTUNE BEACH, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERSBECK, CHARLES		NAME	TERRY JONES	
STREET ADDRESS	512 DAVIS ST		STREET ADDRESS	6007 BRIDGEWATER CIR.	
CITY-ST-ZIP	NEPTUNE BEACH FL		CITY-ST-ZIP	PONTE VEDRA, FL 32082	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESH, JOYCE		NAME		
STREET ADDRESS	12 MARIA PLACE		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL 32082		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLISS, FLORENCE		NAME		
STREET ADDRESS	4920 ORTEGA BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/07)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Charles Gersbeck* **CHARLES GERSBECK** 4/23/08 904-280-7616