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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N06362** **(0)**

1. Corporation Name

SAWGRASS VILLAGE EXECUTIVE CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O 1ST COAST COM REALTY 2111 PARK PLACE AT SAWGRSS PONTE VEDRA FL 32082 US	C/O 1ST COAST COM REALTY 2111 PARK PLACE AT SAWGRSS PONTE VEDRA FL 32082 US

Association Management
of Ponte Vedra, Inc.
3103 Sawgrass Village Circle
Ponte Vedra Beach, Florida 32082

Association Management
of Ponte Vedra, Inc.
3103 Sawgrass Village Circle
Ponte Vedra Beach, Florida 32082

3. Date Incorporated or Qualified	3a. Date of Last Report
11/28/1984	04/26/1996

4. FEI Number **59-0840473** ☐ 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

23 Zip	24	25 Country	29 Zip	30 Country
		USA		USA

9. Name and Address of Current Registered Agent

ABRAHAM, DAVID T
BRANT, MOORE, SAPP, MACDONALD & WELLS
50 N LAURA ST #3100
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name C.P. CONNOLLY

82 Association Management
83 of Ponte Vedra, Inc.
84 3103 Sawgrass Village Circle
Ponte Vedra Beach, Florida 32082

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above ... office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. ... appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE C.P. Connolly 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, GARY		1.2 NAME		
STREET ADDRESS	8000 SAWGRASS VILLAGE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, BRYON		2.2 NAME		
STREET ADDRESS	509 PONTE VEDRA BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOOK, RICHARD		3.2 NAME		
STREET ADDRESS	4 OCEAN RIDGE CRT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BENNER, TIMOTHY S		4.2 NAME		
STREET ADDRESS	2111 SAWGRASS VILLAGE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HORNE, DORIS		5.2 NAME		
STREET ADDRESS	3301 SAWGRASS VILLAGE CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: SIGNATURE REQUIRED 4/29/97 904 288-9894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #