

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N95000004200

1. Corporation Name
THE GFWC PONTE VEDRA WOMAN'S CLUB, INC.

Principal Place of Business Mailing Address
 7470 FOUNDERS WAY BOX 957
 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32004

SEARCHED 11/12/19
 INDEXED 11/12/19
 SERIALIZED 11/12/19
 FILED 11/12/19



2. Principal Place of Business 21 19 LA VISTA DRIVE	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/31/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2338225
City & State 23 PONTE VEDRA BEACH FL.	City & State 28	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 24 32082	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	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 MASON, PATRICIA J 7470 FOUNDERS WAY PONTE VEDRA BEACH FL 32082	10. Name and Address of New Registered Agent 81 Name O'GARA, ELIZABETH T. 82 Street Address (P.O. Box Number is Not Acceptable) 83 19 LA VISTA DRIVE 84 City PONTE VEDRA BEACH FL 85 Zip Code 32082
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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 Elizabeth T. O'GARA DATE 1/24/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REICHOW, TOMI 104 INDIAN COVE PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD MONEY PENNY, FAITH 5206 PHEASANT RUN COURT PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASON, PATRICIA 7470 FOUNDERS WAY PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP HAYWARD, NATALIE 118 BAY HILL COURT PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINELLI, NATALIE 24 CARRIAGE LANE PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD BARNCastle, MINERVA 121 GLEN COVE PLACE PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONEYPENNY, FAITH 5206 PHEASANT RUN COURT PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD O'GARA, ELIZABETH T. 19 LA VISTA DRIVE PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED DATE: 1/24/99 OFFICE PHONE: (904) 285-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(Elizabeth T. O'GARA)

CR2E037 (1/199)