

SECOND NOTICE: CORPORATION... AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

APPROVED
FILED

98 DEC -8 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N96000003351 (1)
1. Corporation Name
WORLD GOLF VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business: 112 TPC BLVD. PONTE VEDRA BEACH FL 32082
Mailing Address: 112 TPC BLVD. PONTE VEDRA BEACH FL 32082

REINSTATEMENT
Date of Reinstatement: 06/24/1996
4. FEI Number: 59-3393957
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (25-30)
21: Suite, Apt. #, etc.
22: City & State
23: Zip, Country
24: Zip, Country
25: 10036 Sawgrass Drive
26: Suite, Apt. #, etc.
27: Suite 1
28: Ponte Vedra Beach, FL
29: Zip 32082, Country USA
30: Zip 32082, Country USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WODRICH, MICHAEL A
ROGERS TOWERS BAILEY JONES & GAY
1301 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 800002713518-7
-12/15/98-01089-010
84 City: ****236.FL ***236.25

11. Pursuant to the provisions of sections 617.0503 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]
Signature of person printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BECKWITH, E. RUFFIN	
STREET ADDRESS	112 TPC BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PALMER, WILLIAM C JR.	
STREET ADDRESS	88A MAIN ST.	
CITY-ST-ZIP	HILTON HEAD ISLAND SC 29926	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHANTZ, DEBRA	
STREET ADDRESS	300 JOHN Q. HAMMONS PKWY., #900	
CITY-ST-ZIP	SPRINGFIELD MO 65806	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 checked="" 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.
SIGNATURE: [Signature] 11-7-98 904 940-4002
Date Daytime Phone #

0000122

CR2E037 (5/98)