

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90129 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003351

1. Corporation Name
WORLD GOLF VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 112 TPC BLVD. PONTE VEDRA BEACH FL 32082	Mailing Address 10036 SAWGRASS DRIVE SUITE 1 PONTE VEDRA BEACH FL 32082
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541884 - 90322 - 2 4 *



2. Principal Place of Business 21 21 WORLD GOLF PL	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/24/1996
22 Suite, Apt. #, etc. THRU FLOOR	27 Suite, Apt. #, etc.	4. FEI Number 59-3393957
23 City & State ST AUGUSTINE, FL	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32092	25 Country ST JOHNS	29 Zip
	30 Country	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 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 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BECKWITH, E. RUFFIN		1.2 NAME	
STREET ADDRESS 112 TPC BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PALMER, WILLIAM C JR.		2.2 NAME	
STREET ADDRESS 88A MAIN ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP HILTON HEAD ISLAND SC 29926		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE Secretary / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHANTZ, DEBRA		3.2 NAME	
STREET ADDRESS 300 JOHN Q. HAMMONS PKWY., #900		3.3 STREET ADDRESS	
CITY-ST-ZIP SPRINGFIELD MO 65806		3.4 CITY-ST-ZIP	
TITLE Quinley, Michael	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Quinley, Michael		4.2 NAME	
STREET ADDRESS 40 10036 Sawgrass Dr. Ste 1		4.3 STREET ADDRESS 40 10036 Sawgrass Dr. Ste 1	
CITY-ST-ZIP Ponte Vedra Beach, FL 32082		4.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *E. Ruffin Beckwith* 1-27-99 (904) 940-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)