

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90124 034 ****61.25

DOCUMENT # N96000003351

1. Entity Name

WORLD GOLF VILLAGE PROPERTY OWNERS ASSOCIATION,

Principal Place of Business

21 WORLD GOLF PL
 THIRD FLOOR
 ST AUGUSTINE FL 32092

Mailing Address

10036 SAWGRASS DRIVE
 SUITE 1
 PONTE VEDRA BEACH FL 32082-3565

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3393957**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WODRICH, MICHAEL A
ROGERS TOWERS BAILEY JONES & GAY
1301 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE FL 32207

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	BECKWITH, E. RUFFIN	
STREET ADDRESS	112 TPC BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUINLEY, MICHAEL	
STREET ADDRESS	C/O 10036 SAWGRASS DR., STE. 1	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHANTZ, DEBRA	
STREET ADDRESS	300 JOHN Q. HAMMONS PKWY., #900	
CITY-ST-ZIP	SPRINGFIELD MO 65806	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAT SWIFT	
STREET ADDRESS	P.O. BOX 140.	
CITY-ST-ZIP	COLUMBUS, GA 31902	
TITLE	K.P.S.D	<input type="checkbox"/> Delete
NAME	BILL MEAD	
STREET ADDRESS	c/o EMBASSY SUITES GREENSBORO	
CITY-ST-ZIP	204 CENTREPORT DRIVE	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	HELEN ATTER	
STREET ADDRESS	21 WORLD GOLF PLACE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: WODRICH, MICHAEL A
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/29/00 Daytime Phone #: (904) 940-4000

CR2E037 (9/99)