

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 GREENSBORO, NC 27409 | |
| 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 |
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| CITY-ST-ZIP | | |
| 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

2/29/00 (904) 940-4000

Date Daytime Phone #

CR2E037 (9/99)