

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758935

Entity Name: THE SAWGRASS PLAYERS CLUB ASSOCIATION, INC.

Current Principal Place of Business:

% MAY MNGMNT SERV., INC
10036 SAWGRASS DR.,STE 1
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

% MAY MNGMNT SERV., INC
10036 SAWGRASS DR.,STE 1
PONTE VEDRA BEACH, FL 32082

FEI Number: 59-2102120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAY MANAGEMENT
10036 SAWGRASS DRIVE SUITE 1
PONTE VEDRA BCH., FL 32082 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name CRIST, CARL
Address 10036 SAWGRASS DR. STE 1
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D
Name KLINGMAN, GERARD
Address 10036 SAWGRASS DR. STE1
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title T
Name FORD, ERNIE
Address 10036 SAWGRASS DR. STE 1
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title P
Name NIX, GUY
Address 10036 SAWGRASS DR. STE 1
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title S
Name LUTZ, LEONOR
Address 10036 SAWGRASS DR STE 1
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D
Name LOMBARDO, IRENE
Address 10036 SAWGRASS DR STE 1
City-State-Zip: PONTE VEDRA BEACH FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERNIE FORD

TREASURER

02/13/2013

Electronic Signature of Signing Officer/Director Detail

Date