


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90100 029 \*\*\*\*61.25

<b>DOCUMENT # 758935</b>		
1. Entity Name <b>THE SAWGRASS PLAYERS CLUB ASSOCIATION, INC.</b>		

Principal Place of Business <b>% MAY MNGMNT SERV., INC 10036 SAWGRASS DR.,STE 1 PONTE VEDRA BEACH, FL 32082</b>	Mailing Address <b>% MAY MNGMNT SERV., INC 10036 SAWGRASS DR.,STE 1 PONTE VEDRA BEACH, FL 32082</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>MAY MANAGEMENT 10036 SAWGRASS DRIVE SUITE 1 PONTE VEDRA BCH., FL 32082</b>		7. Name and Address of New Registered Agent	
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Jim Bryce <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARNABY, GEORGE	NAME	5102 Otter Creek Drive
STREET ADDRESS	5003 BUTTONWOOD DRIVE	STREET ADDRESS	Ponte Vedra Bch, FL 32082
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMPACEK, BRIAN	NAME	
STREET ADDRESS	8107 SEVEN MILE DR.	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, BRUCE	NAME	
STREET ADDRESS	145 WATERS EDGE DR N	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	S Ben Bishop <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, JOHN	NAME	1225 Salt Creek Island Dr.
STREET ADDRESS	7004 CYPRESS BRIDGE DRIVE	STREET ADDRESS	Ponte Vedra Bch, FL 32082
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	Al Stevens
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	D 8039 Whisper Lake W <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, CHARLES	NAME	Ponte Vedra Bch, FL 32082
STREET ADDRESS	1161 SALT CREEK DRIVE	STREET ADDRESS	Bill Garrett
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	91 Abalone Lane E
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLOPF, LYNNE	NAME	Ponte Vedra Bch, FL 32082
STREET ADDRESS	2023 PALMETTO POINT DR.	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jim Bryce</i>	<i>1/23/7</i>	<i>9042771284</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #