

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90018 050 \*\*\*\*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</b> <b>10036 SAWGRASS DR., STE 1</b> <b>PONTE VEDRA BEACH, FL 32082</b>			Mailing Address <b>% MAY MNGMNT SERV., INC</b> <b>10036 SAWGRASS DR., STE 1</b> <b>PONTE VEDRA BEACH, FL 32082</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>59-2102120</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MAY MANAGEMENT</b> <b>10036 SAWGRASS DRIVE SUITE 1</b> <b>PONTE VEDRA BCH., FL 32082</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BRYCE, JIM</b> <b>5102 OTTER CREEK DR</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAAFFE, KEVIN</b> <b>172 BERMUDA COURT</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B S</b> <b>RAMPACEK, BRIAN</b> <b>8107 SEVEN MILE DR.</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLUTE, ANNE</b> <b>200 WATER'S EDGE DRIVE S.</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BOWMAN, BRUCE</b> <b>145 WATERS EDGE DR N</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PORTERFIELD, RON</b> <b>173 BARBERRY LANE</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S V P</b> <b>BISHOP, BEN</b> <b>1225 SALT CREEK ISLAND DR</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TUREK, FRED</b> <b>113 NORTH COVE DRIVE</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEVENS, AL</b> <b>8039 WHISPER LAKE W</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V P</b> <b>GARRETT, BILL</b> <b>91 ABALONE LANE E</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Jim Bryce</i> <b>Jim Bryce Treasurer</b>			Date: <i>1/14/08</i> Daytime Phone #: <i>9042731254</i>		