2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2008 8:00 am Secretary of State **DOCUMENT # 760356** 1. Entity Name 05-09-2008 90016 018 ****61.25 BEACH CLUB VILLAS (SAWGRASS) CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 200 EXECUTIVE WAY PO BOX 2055 PONTE VEDRA FL 32004 SUITE 111 PONTE VEDRA FL 32082 2. Principal Place of Business - No. 2.O. Box # 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2157816 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EWING, JOHN T Street Address (P.O. Box Number is Not'Acceptable) 200 EXECUTIVE WAY SUITE 111 PONTE VEDRA FL 32082 City 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 winted name of registered agent and rive if applicable, CATE (NOTE: Begistered Agent signature required when registating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. \Box Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE . Delete Change Change CHARLES GERSBECK THOMPSON, JANE NAME NAME 1121 HAMLET COURT 5/12 OAVIS ST STREET ADDRESS STREET ADDRESS MEPTUNE BEACH, FL NEPTUNE BEACH FL 32266 CITY - ST - ZIP CITY-ST-ZIP Delete TITLE TITLE GERSBECK, CHARLES TERRY JOHES 6007 BRIDGEWHTER CIR. MARKE MAME 512 DAVIS ST STREET ADDRESS STREET ADDRESS NEPTUNE BEACH FL CITY-ST-ZIP PONTE VEDRA, FL 32022 TITLE Delete TITLE ☐ Change Addition NAME REESH, JOYCE NAME STREET ADDRESS 12 MARIA PLACE STREET ADDRESS PONTE VEDRA FL 32082 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BLISS, FLORENCE NAME NAME STREET ADDRESS 4920 ORTEGA BLVD STREET ADDRESS JACKSONVILLE FL 32210 CITY - ST - ZIE CITY-ST-ZIP TOTLE ☐ Dalate TITLE ☐ Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cetti; 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

CHARLES GERSBECK 4/23/08 904-210->61

FILED