FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17040 (9)

1. Corporation Name
TPC VILLAGE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2671 HUFFMAN BLVD. JACKSONVILLE FL 32216	112 TPC BLVD. PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: 09/29/1986
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2748591 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ATTER, HELEN S.
112 TPC BLVD
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	1.1 TITLE		☐ Change ☒ Addition
NAME	ZECHELLA, A. P.	1.2 NAME		
STREET ADDRESS	1301 1ST STREET SOUTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		32250
TITLE	PD	2.1 TITLE		☐ Change ☒ Addition
NAME	HOUSTON, BERRYLIN M.	2.2 NAME		
STREET ADDRESS	3134 WELLESLEY SQUARE	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		32207
TITLE	VTD	3.1 TITLE	D/V	☐ Change ☒ Addition
NAME	BEMAN, JUDITH N.	3.2 NAME		
STREET ADDRESS	117 CARRIAGE LAMP WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL	3.4 CITY-ST-ZIP		32082
TITLE	D	4.1 TITLE		☐ Change ☒ Addition
NAME	WALKER, HAMPTON J.	4.2 NAME		
STREET ADDRESS	1802 PORT ROYAL, ONE SEVENTH ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA	4.4 CITY-ST-ZIP		30901
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, JOYCE DR.	5.2 NAME		
STREET ADDRESS	1327 NORTHWOOD RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☒ Addition
NAME	KENNEDY, YVONNE S	6.2 NAME		
STREET ADDRESS	3374 BLACKFOOT TRAIL, SOUTH	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		32223

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen S. Atter 4/20/95 904/285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
HELEN S. ATTER, SECRETARY

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TPC VILLAGE, INC.

Item 12. Officers and Directors (continued)

7.1	Title	D
7.2	Name	Beckwith, Ruffin
7.3	Street Address	16 Sandpiper Cove
7.4	City-St-Zip	Ponte Vedra Beach, Florida 32082
8.1	Title	D
8.2	Name	Hodges, Kernan
8.3	Street Address	5101 Hodges Boulevard
8.4	City-St-Zip	Jacksonville, Florida 32224
9.1	Title	D/T
9.2	Name	Sandla, Robert S.
9.3	Street Address	30 Northgate Drive
9.4	City-St-Zip	Ponte Vedra Beach, Florida 32082
10.1	Title	D
10.2	Name	Coletti, Shirley
10.3	Street Address	10901-C Roosevelt Blvd., Suite 1000
10.4	City-St-Zip	St. Petersburg, Florida 33716
11.1	Title	S
11.2	Name	Atter, Helen S.
11.3	Street Address	12761 Shinnecock Court
11.4	City-St-Zip	Jacksonville, Florida 32225