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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17040 (9)
1. Corporation Name
TPC VILLAGE, INC.



Principal Place of Business 2671 HUFFMAN BLVD. JACKSONVILLE FL 32216	Mailing Address 112 TPC BLVD. PONTE VEDRA BEACH FL 32082
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3. Date Incorporated or Qualified 09/29/1986	
4. FEI Number 59-2748591	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 112 PGA TOUR Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	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 Bowers, Richard
82 Street Address (P.O. Box Number is Not Acceptable) 112 PGA TOUR Boulevard
83
84 City Ponte Vedra Beach FL 85 Zip Code 32082

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4.23.98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DC <input type="checkbox"/> DELETE
NAME	ZECHELLA, A. P.
STREET ADDRESS	F109 1012 YORK ROAD
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HOUSTON, BERRYLIN M.
STREET ADDRESS	3134 WELLESLEY SQUARE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	BEMAN, JUDITH N.
STREET ADDRESS	117 CARRIAGE LAMP WAY
CITY-ST-ZIP	PONTE VEDRA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WALKER, HAMPTON J.
STREET ADDRESS	1802 PORT ROYAL, ONE SEVENTH ST
CITY-ST-ZIP	AUGUSTA GA
TITLE	D <input type="checkbox"/> DELETE
NAME	JONES, JOYCE DR.
STREET ADDRESS	1327 NORTHWOOD RD.
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D <input type="checkbox"/> DELETE
NAME	KENNEDY, YVONNE S
STREET ADDRESS	3374 BLACKFOOT TRAIL, SOUTH
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1000 Vicars Landing Way, F-109
1.4 CITY-ST-ZIP	32082
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32207
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32082
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	30901
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	32223

14. I hereby certify that the information supplied with this filing 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: **Richard Bowers** *[Signature]* DATE: **4/24/98** DAYTIME PHONE: **904/285-3700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2007 (10/97)

TPC VILLAGE, INC.

Item 12. Officers and Directors (continued)

Title: D
Name: Milne, Douglas
Street Address: 4595 Lexington Avenue
City-St-Zip: Jacksonville, FL 32210

Title: D
Name: Hodges, Kernan
Street Address: 5101 Hodges Boulevard
City-St-Zip: Jacksonville, Florida 32224

Title: D/T
Name: Sandla, Robert S.
Street Address: 30 Northgate Drive
City-St-Zip: Ponte Vedra Beach, Florida 32082

Title: D
Name: Weed, Charles
Street Address: 601 State Road A1A
City-St-Zip: Ponte Vedra Beach, Florida 32082

Title: S
Name: Bowers, Richard
Street Address: 12761 Shinnecock Court
City-St-Zip: Jacksonville, Florida 32225

Title: D
Name: Nimnicht, Anne
Street Address: 9067 Kings Colony Road
City-St-Zip: Jacksonville, FL 32257