

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90132 026 \*\*\*\*70.00

**DOCUMENT # N17040**

1. Corporation Name

**TPC VILLAGE, INC.**

Principal Place of Business

112 PGA TOUR BLVD  
JACKSONVILLE FL 32216  
US

Mailing Address

112 TPC BLVD.  
PONTE VEDRA BEACH FL 32082



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 112 PGA TOUR Boulevard  
Suite, Apt. #, etc.

27 City & State  
28 Ponte Vedra Beach, FL

29 Zip Country  
30 32082 USA

3. Date Incorporated or Qualified

09/29/1986

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

9. Name and Address of Current Registered Agent

**BOWERS, RICHARD**  
112 PGA TOUR 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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE  
NAME **ZECHHELLA, A. P.**  
STREET ADDRESS **1000 VICARS LANDING WY STE F109**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **PD** ☐ DELETE  
NAME **HOUSTON, BERRYLIN M.**  
STREET ADDRESS **3134 WELLESLEY SQUARE**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **DV** ☐ DELETE  
NAME **BEMAN, JUDITH N.**  
STREET ADDRESS **117 CARRIAGE LAMP WAY**  
CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE **D** ☐ DELETE  
NAME **WALKER, HAMPTON J.**  
STREET ADDRESS **1802 PORT ROYAL, ONE SEVENTH ST**  
CITY-ST-ZIP **AUGUSTA GA 30901**

TITLE **D** ☐ DELETE  
NAME **JONES, JOYCE DR.**  
STREET ADDRESS **1327 NORTHWOOD RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE  
NAME **KENNEDY, YVONNE S**  
STREET ADDRESS **3374 BLACKFOOT TRAIL, SOUTH**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **D/Vice Chairman** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

(continued)

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** Richard L. Bowers

(904) 285-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

117040  
5324089013224

**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, FL 32224

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

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

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

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