

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17040

FILED
Jan 24, 2005
Secretary of State

Entity Name: THE PLAYERS CHAMPIONSHIP VILLAGE, INC.

Current Principal Place of Business:

112 PGA TOUR BLVD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

112 PGA TOUR BLVD
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-2748591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, RICHARD D
112 PGA TOUR BLVD
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: ZECHELLA, A. P.,
Address: 1000 VICARS LANDING WY STE F109
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: HOUSTON, BERRYLIN M.,
Address: 3134 WELLESLEY SQUARE
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV () Delete
Name: BEMAN, JUDITH N.,
Address: 117 CARRIAGE LAMP WAY
City-St-Zip: PONTE VEDRA, FL 32082

Title: DVC () Delete
Name: WALKER, HAMPTON J.,
Address: 1802 PORT ROYAL, ONE SEVENTH ST
City-St-Zip: AUGUSTA, GA 30901

Title: D () Delete
Name: JONES, JOYCE DR.
Address: 1327 NORTHWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: S/T () Delete
Name: LIGHTCAP, JEANNE
Address: 112 PGA TOUR BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ATTER, HELEN
Address: 112 PGA TOUR BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN ATTER

V

01/24/2005

Electronic Signature of Signing Officer or Director

Date