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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:09

DOCUMENT # N19768 (3)

1. Corporation Name

SAWGRASS PLAYERS CLUB PROPERTY OWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
BOX 1581 PONTE VEDRA BEACH FL 32004	BOX 1581 PONTE VEDRA BEACH FL 32004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1987
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2812374 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HOFFMAN, CURTIS H
121 NANDINA CIRCLE
PONTE VERDA BEACH 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GROVE, GARY	1.2 NAME	
STREET ADDRESS	8048 WHISPER LAKE W	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	POCIUS, AUGUST	2.2 NAME	SD Bill David
STREET ADDRESS	113 CAMINO TRAIL	2.3 STREET ADDRESS	168 North Couc
CITY-ST-ZIP	PONTE VEDRA BCH FL	2.4 CITY-ST-ZIP	Ponte Vedra Beach FL
TITLE	P	3.1 TITLE	☒ Change ☐ Addition
NAME	FRAMPTON, HENRY G	3.2 NAME	P Hoffman, Grainne
STREET ADDRESS	96 VERANDA LANE	3.3 STREET ADDRESS	121 Nandina Circle
CITY-ST-ZIP	PONTE VEDRA BCH FL	3.4 CITY-ST-ZIP	Ponte Vedra Beach FL
TITLE	SD	4.1 TITLE	☒ Change ☐ Addition
NAME	SPILLER, DAVID H	4.2 NAME	D
STREET ADDRESS	1178 SALT MARSH CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	FONTHAM, RENNIE	5.2 NAME	
STREET ADDRESS	142 BERMUDA CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MEANS, THERESA	6.2 NAME	
STREET ADDRESS	104 TRITON CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	6.4 CITY-ST-ZIP	

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, added or deleted.

SIGNATURE: Rennie G. Fontham Treasurer
RENNIE G. FONTHAM
142 BERMUDA CT
PONTE VEDRA BCH., FL 32082
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

DATE: 2/17/95

Optional Phone #