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NONPROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N19768

(3)

SAWGRASS PLAYERS CLUB PROPERTY OWNERS ASSOCIATIO N, INC.

N, INC.					
Principal Place of Busine	988	Mailing Address		1 108/19/00 404 110/0 18/14 (40/10 8/10)	ndan desara dadan dadan badan dadan dadan dalah abi
		BOX 1581 PONTE VEDRA BEAC	H FL 32004		
				 Date Incorporated or Qualified 03/20/1987 	3a. Date of Last Report 02/22/1995
 Principal Place of But 	siness	2a. Mailing Address 26		4. FEI Number 59-2812374	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicab
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for int	Added to Fees
1	25	29	30	Florida Statutes	Yes PNo
9. Nar	ne and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
HOFFMAN, CUR			82 Street Add	dress (P.O. Box Number is Not Acceptable))
121 NANDINA C PONTE VERDA E			63		
PONTE VENDA I	DEACH 32002		63		
			84 City		FL 85 Zip Code
11. Pursuant to the prov	sions of Sections 617.0502	and 617.1508, Florida Statu	ites, the above-named corpo	oration submits this statement for the purpo	and of about in a secial and a sec
or registered agent,	or bour, in the state of Fight	da. Such change was author ion 617.0503, Florida Statute	zed by the comoration's boa	ard of directors. I hereby accept the appoin	ntment as registered agent. I am
tamiliar with, and ac	tope the bongations on coot	ion on locoo, Honoa Statute	i.		
iamiliai wiin, and ac					
IGNATURE Signature, ty:	nd or printed name of registered agent	and title if applicable. (N	IOTE: Registered Agent signal are require	ed when reinstating)	DATE
IGNATURESignature, ty;	nd or printed name of registered agent OFFICERS ANI	D DIRECTORS	OTE: Registered Agent signal are require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	
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