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May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N19768 (3)

1. Corporation Name

SAWGRASS PLAYERS CLUB PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

BOX 1581
PONTE VEDRA BEACH FL 32004

BOX 1581
PONTE VEDRA BEACH FL 32004-1581



3. Date Incorporated or Qualified
03/20/1987

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, CURTIS H
121 NARDINA CIRCLE
PONTE VEDRA BEACH 32082

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GROVE, GARY
STREET ADDRESS 8048 WHISPER LAKE W
CITY- ST- ZIP PONTE VEDRA BCH FL

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

TITLE SD
NAME BALL, DAVID
STREET ADDRESS 168 NORTH COUC
CITY- ST- ZIP PONTE VEDRA BEACH FL

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

TITLE PD
NAME HOFFMAN, GINNIE
STREET ADDRESS 121 NARDINA CIRCLE
CITY- ST- ZIP PONTE VEDRA BEACH FL

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

TITLE SD
NAME SPILLER, DAVID H
STREET ADDRESS 1178 SALT MARSH CIR
CITY- ST- ZIP PONTE VEDRA BCH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE TD
NAME FONTHAM, RENNIE
STREET ADDRESS 142 BERMUDA CT
CITY- ST- ZIP PONTE VEDRA BCH FL

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

TITLE D
NAME MEANS, THERESA
STREET ADDRESS 104 TRITON CT
CITY- ST- ZIP PONTE VEDRA BCH FL

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0504, 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 has 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 provided in Section 617.0503, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

Rennie C. Fon...

142 BERMUDA CT

Ponte Vedra Beach, FL

4/28/97

CP2E037 (9/96)