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FILED  
May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

**03/20/1987**

4. FEI Number

**59-2812374**

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HOFFMAN, CURTIS H  
121 NANDINA CIRCLE  
PONTE VEDRA BEACH 32082**

10. Name and Address of New Registered Agent

81 Name **SPILLER, DAVID H.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1178 SALT MARSH CIRCLE**  
83 **(PONTE VEDRA BCH)**  
84 City **FL** 85 Zip Code **32082**

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

*David H. Spiller*  
Signature, typed or printed name of registered agent and title if applicable

*David H. Spiller*  
(NOTE: Registered Agent signature required when reinstating)

**4/30/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D POCIUS, AUGUST**  
STREET ADDRESS **113 CAMINO TRAIL**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ 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

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.

SIGNATURE:

*Rennie C. Fontham*  
Rennie C. Fontham  
142 Bermuda Court  
Ponte Vedra Beach, FL 32002

**4/30/98**

CR2E037 (10/97)