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APPROVED
AND
FILED

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

97 JUL -9 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22886 (8)

1. Corporation Name

SAWGRASS COUNTRY CLUB, INC.



Principal Place of Business

Mailing Address

10034 GOLF CLUB DR
PONTE VEDRA BEACH FL 32082-3562

10034 GOLF CLUB DR
PONTE VEDRA BEACH FL 32082-3562

3. Date Incorporated or Qualified
10/07/1987

3a. Date of Last Report
04/03/1996

4. FEI Number
59-2853571

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

LEON B. CRIMMINS

82. Street Address (P.O. Box Number is Not Acceptable)

10034 GOLF CLUB DRIVE

83. PONTE VEDRA BEACH, FL 32082

84. City

PONTE VEDRA BEACH

FL

85. Zip Code
32082

PECCA, RALPH T
10034 GOLF CLUB DR
PONTE VEDRA BEACH FL 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

Leon B. Crimmins

Leon B. Crimmins 4/30/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOENER, JAMES H
STREET ADDRESS 46 LAKE JULIA DR S
CITY-ST-ZIP PONTE VEDRA BEACH FL

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

TITLE VD
NAME QUINA, RICHARD D
STREET ADDRESS 9724 PRESTON TRAIL WEST
CITY-ST-ZIP PONTE VEDRA BEACH FL

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

TITLE SD
NAME CHANDLER, NICK
STREET ADDRESS 10034 GOLF CLUB DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL

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

TITLE VD
NAME COUTY, ROBERT E
STREET ADDRESS 9699 PRESTON TRAIL WEST
CITY-ST-ZIP PONTE VEDRA BEACH FL

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

TITLE TD
NAME HEAMON, JOHN W
STREET ADDRESS 3279 OLD BORN ROAD WEST
CITY-ST-ZIP PONTE VEDRA BEACH FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

CR2E037 (9/96)