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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

4. FEI Number: 59-2853571 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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

CRIMMINS, LEON B
10034 GOLF CLUB DRIVE
PONTE VEDRA BEACH FL 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 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 _____ 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	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	HOENER, JAMES H		1.2 NAME	Stanley W. Cairns	
STREET ADDRESS	46 LAKE JULIA DR S		1.3 STREET ADDRESS	1 Sawgrass Drive	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, DAVID H		2.2 NAME		
STREET ADDRESS	17 VILLAGE WALK CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	ERTEL, BARBARA		3.2 NAME	Salina Harkleroad	
STREET ADDRESS	2644 LONG BOAT COURT SOUTH		3.3 STREET ADDRESS	3011 # Pebble Creek Lane East	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	P	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	DOUTY, ROBERT E		4.2 NAME		
STREET ADDRESS	9699 PRESTON TRAIL WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	HEAMON, JOHN W		5.2 NAME	Stephen E. Wyand	
STREET ADDRESS	3279 OLD BORN ROAD WEST		5.3 STREET ADDRESS	9474 Preston Trail West	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	☐ DELETE	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	BURFEIND, THEODORE		6.2 NAME		
STREET ADDRESS	3275 OLD BARN ROAD WEST		6.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: [signature] 4/24/98 904-273-3706