

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90177 040 ****70.00

DOCUMENT # N22886

1. Corporation Name

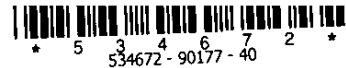
SAWGRASS COUNTRY CLUB, INC.

Principal Place of Business

10034 GOLF CLUB DR
PONTE VEDRA BEACH FL 32082-3562

Mailing Address

10034 GOLF CLUB DR
PONTE VEDRA BEACH FL 32082-3562



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/07/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2853571

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRIMMINS, LEON B
10034 GOLF CLUB DRIVE
PONTE VEDRA BEACH FL 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

4/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CAIRNS, STANLEY W
STREET ADDRESS 1 SAWGRASS DR
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ DELETE

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

D

☒ Change ☐ Addition

TITLE VP
NAME CARPENTER, DAVID H
STREET ADDRESS 17 VILLAGE WALK CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☒ DELETE

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

V

☐ Change ☒ Addition

TITLE S
NAME HARKLEROAD, SALINA
STREET ADDRESS 8011 PEBBLE CREEK LANE E
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☒ DELETE

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

D

☒ Change ☐ Addition

TITLE D
NAME DOUTY, ROBERT E
STREET ADDRESS 9699 PRESTON TRAIL WEST
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☒ DELETE

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

P

☐ Change ☒ Addition

TITLE D
NAME WYAND, STEPHEN E
STREET ADDRESS 9474 PRESTON TRAIL W
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☒ DELETE

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

S

☐ Change ☒ Addition

TITLE TD
NAME BURFEIND, THEODORE
STREET ADDRESS 3275 OLD BARN ROAD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ DELETE

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

S

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/99

CR2E037 (11/98)