

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24132

FILED
Mar 27, 2009
Secretary of State

Entity Name: PLAYERS CLUB WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% MAY MANAGEMENT SERVICES, INC
10036 SAWGRASS DR STE 1
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

10036 SAWGRASS DRIVE WEST
SUITE 1
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

5455 A1A S.
SAINT AUGUSTINE, FL 32080

New Mailing Address:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

FEI Number: 59-2865379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC
5545 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SORIANO, BARBARA
Address: 8193 SEVEN MILE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T () Delete
Name: RAMPACEK, SUSAN
Address: 8107 SEVEN MILE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: MCPHERSON, ANN
Address: 8022 PEBBLE CREEK LANE E
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SORIANO, BARBARA
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: DES MARAIS, JOAN
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S (X) Change () Addition
Name: MCPHERSON, ANN
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SORIANO BARBARA

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date