


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002083

1. Entity Name
 6000 SAWGRASS VILLAGE CIRCLE ASSOCIATION, INC.



Principal Place of Business
 6000-CSAWGRASSVILLAGECIRCLE
 PONTEVEDRABEACH, FL 32082 US

Mailing Address
 6000-CSAWGRASSVILLAGECIRCLE
 PONTEVEDRABEACH, FL 32082 US



05022007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 59-3306205

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLD, KEITH
 GOLD INVESTMENTS
 6000 C SAWGRASS VILLAGE CIRCLE
 PONTE VEDRA BEACH, FL 32082

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000772583
 09/22/07-80005-017 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT GOLD, KEITH D 6000 C SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDS HOLLIDAY, PETER 6000 A SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CALLOWAY, DANIEL M 6000 B. SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 8/16/07 Daytime Phone #: 904-285-5669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR