

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N96000003351

1. Entity Name  
WORLD GOLF VILLAGE PROPERTY OWNERS  
ASSOCIATION, INC.



**FILED  
Mar 10, 2006 8:00 am  
Secretary of State**

03-10-2006 90002 042 \*\*\*\*61.25

4006101\*



01042006 Chg-NP CR2E037 (11/05)

Principal Place of Business  
101 EAST TOWN PLACE  
SUITE 401  
ST AUGUSTINE, FL 32092 US

Mailing Address  
C/O MAY MGMT  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number  
59-3393957

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MAY MANAGEMENT SERVICES INC  
475 WEST TOWN PLACE  
SUITE 116  
SAINT AUGUSTINE, FL 32092

Name *MAY MANAGEMENT SERVICES*

Street Address (P.O. Box Number is Not Acceptable)  
*5455 US HWY A1A SOUTH*

City *ST. AUGUSTINE* FL Zip Code *32080*

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 *Cynthia O'Neil*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *3/2/06*

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEFCOAT, DOUGLAS P O BOX 140 COLUMBUS, GA 319020140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATTER, HELEN 101 EAST TOWN PLACE, STE. 400 SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEADE, WILLIAM 204 CENTRE POST DRIVE GREENSBORO, NC 27409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John B Edmonson*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06

(904)940-4037

Date

Daytime Phone #