
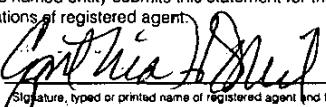
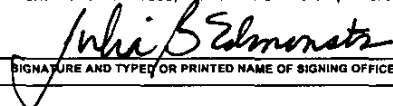


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # N96000003351 1. Entity Name WORLD GOLF VILLAGE PROPERTY OWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 101 EAST TOWN PLACE SUITE 401 ST AUGUSTINE, FL 32092 US | | | Mailing Address C/O MAY MGMT 5455 ATA SOUTH SAINT AUGUSTINE, FL 32080 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3393957 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICES INC 475 WEST TOWN PLACE SUITE 116 SAINT AUGUSTINE, FL 32092 | | | | 7. Name and Address of New Registered Agent 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 3/2/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD ATTER, HELEN 101 EAST TOWN PLACE, STE. 400 SAINT AUGUSTINE, FL 32092 | <input type="checkbox"/> Delete | | | |
| 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"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | . | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | . | <input type="checkbox"/> Delete | | | |
| 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:  | | | 3/2/06 (904) 940-4037 <small>Date Daytime Phone #</small> | | |