2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 8:00 am Secretary of State

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DOCUMENT # N9600003351 1. Entity Name WORLD GOLF VILLAGE PROPERTY OWNERS ASSOCIATION, INC.						03-26-2	2007 90	0068 030) ****6	1.25
Principal Place 101 EAST TO SUITE 401 ST AUGUSTIN		Mailing Address C/O MAY MGMT 5455 A1A SOUTH SAINT AUGUSTINE, FL 33	2080 US						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. 5455	5"AIA South	Suite, Apt. #, etc.			01182007	Chg-NP		CR2E037		
St. K	lugusting, R	City & State			4. FEI Numbe 59-339				J	plied For t Applicable
320°	Country/ USA	Zip	Country		5. Certificate	of Status Des	sired		8.75 Add e Required	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of	New Regi	stered Ag	ent	
MAY MANAGEMENT SERVICES INC										
	IWY A1A AOUTH GUSTINE, FL 32080		Street Ad-	idress (P.	O. Box Numbe	er is Not Acce	eptable)			
			City					FL	Zip Code	э
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 SIGNATURE Signature, space of 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. (NOTE: Registered Agent signature required when reinstating) DATE										
SIGNATURE .	Signature, types or printed name of registered agent a	nd little if applicable. (NOTE: I	Registered Agent signature	re required w	hen reinstating)		(0)	107 DATE		
SIGNATURE .	Signature, bother prined name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	nd till if applicable. (NOTE: I	paign Financing		5.00 May B		Florida	DATE e check p	ent of St	ate
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing ntribution.		5.00 May B		Florida	Departm	ent of St	ate 10
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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 it 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

terres

3/1/07 (90y)

(904)940-4005