


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-26-2007 90068 030 \*\*\*\*61.25

<b>DOCUMENT # N96000003351</b> 1. Entity Name <b>WORLD GOLF VILLAGE PROPERTY OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>101 EAST TOWN PLACE SUITE 401 ST AUGUSTINE, FL 32092 US</b>	Mailing Address <b>C/O MAY MGMT 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080 US</b>
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2. Principal Place of Business - No P.O. Box # <b>May Mgmt Suite, Apt. #, etc. 5455 A1A South City &amp; State St. Augustine, FL Zip 32092 Country USA</b>	3. Mailing Address <b>Suite, Apt. #, etc. City &amp; State Zip Country</b>
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01182007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3393957</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MAY MANAGEMENT SERVICES INC 5455 US HWY A1A AOUTH SAINT AUGUSTINE, FL 32080</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 <b>Gloria H. Hill</b> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>1/23/07</b> (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>50</b> Dan Mandel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7251 West Palmetto Park Rd. Ste 306 Boca Raton, FL 33433</b>
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	T <b>Julia Edmonston</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>One World Golf Place St. Augustine, FL 32092</b>
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: <b>Helen S. Atter</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>3/1/07</b> (904)940-4005 Daytime Phone #