

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003351

FILED
Mar 13, 2009
Secretary of State

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

Current Principal Place of Business:

MAY MANAGEMENT
5455 A1A SOUTH
ST AUGUSTINE, FL 32092 US

New Principal Place of Business:

MAY MANAGEMENT
474 W TOWN PLACE SUITE 112
ST AUGUSTINE, FL 32092 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3393957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES INC
5455 US HWY A1A AOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES INC
5455 A1A AOUTH
SAINT AUGUSTINE, FL 32080 US

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.

SIGNATURE: ANNA MARKS

03/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MANDEL, DAN
Address: 7251 W. PALMETTO PARK RD., 306
City-St-Zip: BOCA RATON, FL 33433

Title: PD () Delete
Name: ATTER, HELEN
Address: 101 EAST TOWN PLACE, STE. 400
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VPD () Delete
Name: MEADE, WILLIAM
Address: 204 CENTRE POST DRIVE
City-St-Zip: GREENSBORO, NC 27409

Title: T () Delete
Name: TETSWORTH, DIANE
Address: ONE WORLD GOLF PL
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MANDEL, DAN
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: PD (X) Change () Addition
Name: ATTER, HELEN
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VPD (X) Change () Addition
Name: FRANCISCO, PAUL
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: TETSWORTH, DIANE
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN ATTER

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date