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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

2000 ~~1999~~

DOCUMENT # N98000005849

1. Corporation Name

THE RESIDENCES AT WORLD GOLF VILLAGE CONDOMINIUM ASSOCIATION, INC.

80061023

Principal Place of Business

601 BAYSHORE BLVD., STE. 960
 TAMPA FL 33606

90 May May

Mailing Address

601 BAYSHORE BLVD., STE. 960
 TAMPA FL 33606

90 May Management



2. Principal Place of Business

21 90 May Management

22 Suite, Apt. #, etc. 5455 AIA South

23 City & State St Augustine FL

24 Zip 32084 25 Country USA

2a. Mailing Address

26 90 May Management

27 Suite, Apt. #, etc. PO BOX 1509

28 City & State St Augustine FL

29 Zip 32084 30 Country USA

3. Date Incorporated or Qualified

10/13/1998

4. FEI Number

59-3541311

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

RIDLEY, FRED S
 STE. 2100, ONE TAMPA CITY CENTER BUILDING
 201 N. FRANKLIN ST.
 TAMPA FL 33601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
 NAME WEBER, BRYAN
 STREET ADDRESS 601 BAYSHORE BLVD., STE. 960
 CITY-ST-ZIP TAMPA FL 33606 DELETE

TITLE VD
 NAME TEAL, DAVID
 STREET ADDRESS 601 BAYSHORE BLVD., STE. 960
 CITY-ST-ZIP TAMPA FL 33606 DELETE

TITLE STD
 NAME BLOW, LYNNE
 STREET ADDRESS 601 BAYSHORE BLVD., STE. 960
 CITY-ST-ZIP TAMPA FL 33606 DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 430-B Royal Pines Parkway
 1.4 CITY-ST-ZIP St. Augustine FL 32092

2.1 TITLE VP-3-TO Change Addition
 2.2 NAME Jerry F. Henson
 2.3 STREET ADDRESS 430-B Royal Pines Parkway
 2.4 CITY-ST-ZIP St. Augustine FL 32092

3.1 TITLE D. Change Addition
 3.2 NAME Hubert E. Seymour, III
 3.3 STREET ADDRESS 125 North Champions Way #313
 3.4 CITY-ST-ZIP St. Augustine FL 32092

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.27(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address with all other like employees.

SIGNATURE:

[Signature] Bryan L Weber

4-27-00