2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Mar 06, 2009 Secretary of State

Entity Name: THE RESIDENCES AT WORLD GOLF VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 475 WEST TOWN PLACE 475 WEST TOWN PLACE STE 116 STE 112 SAINT AUGUSTINE, FL 32092 US SAINT AUGUSTINE, FL 32092 US **Current Mailing Address: New Mailing Address:** C/O MAY MANAGEMENT 5455 AIA SOUTH ST AUGUSTINE, FL 32080 US FEI Number: 59-3541311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAY MANAGEMENT SERVICES INC 5455 AIA SOUTH 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete STEWART, SHAINES STEWART, SHAINES Name: Name: 123 CONGRESS ST Address: 5455 A1A S Address: City-St-Zip: PORTSMOUTH, NH 03801 City-St-Zip: ST AUGUSTINE, FL 32080 Title: Title: D () Delete (X) Change () Addition GAY, GILBERT Name: GAY, GILBERT Name: Address: 5859 N. KOLMAR Address: 5455 A1A S City-St-Zip: RIVERSIDE, IL 60546 City-St-Zip: ST AUGUSTINE, FL 32080 Title: DST () Delete Title: (X) Change () Addition WITHERS, DON CHAFIN, CHARLES Name: Name: Address: 145 N CHAMPIONS WAY UNIT 123 Address: 5455 A1A S City-St-Zip: SAINT AUGUSTINE, FL 32092 City-St-Zip: SAINT AUGUSTINE, FL 32080 Title: DVP () Delete Title: VΡ (X) Change () Addition Name: CHAFIN, CHUCK Name: DAILEY, ANN 345 N. SHORE CIRCLE #1224 Address: Address: 5455 A1A S SAINT AUGUSTINE, FL 32080 City-St-Zip: SAINT AUGUSTINE, FL 32092 City-St-Zip: Title: () Delete Title: () Change (X) Addition BARTIMUS, THOMAS Name: Name: Address: Address: 5455 A1A S City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32080 Title: () Delete Title: () Change (X) Addition CUNNINGHAM, TOM Name: Name: Address: Address: 5455 A1A S ST AUGUSTINE, FL 32080 City-St-Zip: City-St-Zip:

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: CHARLES CHAFIN T 03/06/2009