

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006477

FILED  
May 25, 2006  
Secretary of State

Entity Name: SAWGRASS WOMEN'S CLUB, INC.

**Current Principal Place of Business:**

3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 981  
PONTE VEDRA BEACH, FL 32004

**New Mailing Address:**

FEI Number: 59-3620262      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LATSHAW, JOHN H JR.  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250      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:**

Title: D      ( ) Delete  
Name: VEASIE, MARY  
Address: 9966 SAWGRASS DRIVE E  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      ( ) Delete  
Name: FOLEY, SUZANNE  
Address: 3010 TIMBERLAKE POINT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      ( ) Delete  
Name: KLOPF, LYNNE  
Address: 2023 PALMETTO POINT DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: EDWARDS, MARIAN  
Address: 2641 LONGBOAT COURT SOUTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      (X) Change ( ) Addition  
Name: CARTER, CAROL  
Address: 104 SOUTH NINE LAKE CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL CARTER

TREA

05/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date