

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90023 005 ***158.75

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1. Entity Name
WORLD GOLF VILLAGE ASSOCIATES, INC.



Principal Place of Business
**1 WORLD GOLF PLACE
ST AUGUSTINE, FL 32092**

Mailing Address
**1 WORLD GOLF PLACE
ST AUGUSTINE, FL 32092**

40110696



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3615323

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATTER, HELEN S
1 WORLD GOLF PLACE
ST AUGUSTINE, FL 32092**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME CRAWFORD, TERRY
STREET ADDRESS 500 S LEGACY TRL
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE D ☒ Delete
NAME KELLY, VERNON A JR
STREET ADDRESS 100 PGA TOUR BOULEVARD
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE DV ☐ Delete
NAME PETER, JOHN E
STREET ADDRESS ONE WORLD GOLF PLACE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE S ☐ Delete
NAME ATTER, HELEN S
STREET ADDRESS ONE WORLD GOLF PLACE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE T ☐ Delete
NAME EDMONSTON, JULIA
STREET ADDRESS ONE WORLD GOLF PLACE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE D ☐ Delete
NAME THORNHILL, LISA
STREET ADDRESS 100 FRONT NINE DR
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Shults, Jr., Robert L.
STREET ADDRESS 3455 Peachtree Road NE Suite 500
CITY-ST-ZIP Atlanta, GA 30326

TITLE D ☐ Change ☒ Addition
NAME Schwantner, Mark
STREET ADDRESS 500 S Legacy Trail
CITY-ST-ZIP Saint Augustine, FL 32092

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 940-4000