


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90035 026 \*\*\*158.75

DOCUMENT # P0000000857			
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	
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
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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: SHULTS, ROBERT L JR STREET ADDRESS: 3455 PEACHTREE ROAD NE, SUITE 500 CITY-ST-ZIP: ATLANTA, GA 30326	<input type="checkbox"/> Delete	TITLE: DV NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SCHWANTNER, MARK STREET ADDRESS: 500 S. LEGACY TRAIL CITY-ST-ZIP: SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete	TITLE: DP NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: PETER, JOHN E STREET ADDRESS: ONE WORLD GOLF PLACE CITY-ST-ZIP: SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete	TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: ATTER, HELEN S STREET ADDRESS: ONE WORLD GOLF PLACE CITY-ST-ZIP: SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete	TITLE: ST NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: EDMONSTON, JULIA STREET ADDRESS: ONE WORLD GOLF PLACE CITY-ST-ZIP: SAINT AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: THORNHILL, LISA STREET ADDRESS: 100 FRONT NINE DR CITY-ST-ZIP: SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 4960 Conference Way N., Suite 100 CITY-ST-ZIP: Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Helen S Atter</i>		Secretary 1/30/08 (904) 940-4005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Title/Phone #	

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01302008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3615323 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required