

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Hoffmann
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000065817 (7)**
1. Corporation Name

THE TAVERN AT SAWGRASS, INC.



Principal Place of Business
**500 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082**

Mailing Address
**500 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082**

3. Date Incorporated or Qualified
09/17/1993

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3202857

Applied For
☐ Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 25 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOFMANN, THOMAS J
500 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082**

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 607.0405 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
DP	HOFMANN, THOMAS J	500 SAWGRASS VILLAGE	PONTE VEDRA BEACH FL 32082	☐
DV	HOFMANN, LINDA	500 SAWGRASS VILLAGE DRIVE	PONTE VEDRA BEACH FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	☐ Change ☐ Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP	☐

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in this annual report or supplemental financial 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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a new filing with an address.

SIGNATURE: *Sandra Hoffmann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 *POH* 285-9619
Daytime Phone #

CR2E034 (12/95)