

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 8:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S68069 (1)
1. Corporation Name
TOURNAMENT PLAYERS CLUB AT HERON BAY, INC.

Principal Place of Business
**112 TPC BLVD
PONTE VEDRA FL 32082**

Mailing Address
**112 TPC BLVD
PONTE VEDRA FL 32082**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/18/1991** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-3143532** Applied For ☐ Not Applicable ☐

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

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRIOLA, JAMES C
112 TPC BLVD
PONTE VEDRA 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 607.0502 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

BEMAN, DEANE R.

STREET ADDRESS

117 CARRIAGE LAMP WAY

CITY - ST - ZIP

PONTE VEDRA BCH FL

1.1 TITLE

D/Sr. V

1.2 NAME

ZINK, CHARLES L.

1.3 STREET ADDRESS

20 POINCIANA WAY

1.4 CITY - ST - ZIP

PONTE VEDRA BEACH, FL 32082

☒ Change ☐ Addition

TITLE

DVT

NAME

KELLY, VERNON A. JR

STREET ADDRESS

1221 S FIRST ST #T-2

CITY - ST - ZIP

JACKSONVILLE BCH FL

2.1 TITLE

D/P

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

32250

☒ Change ☒ Addition

TITLE

D

NAME

FINCHEM, TIMOTHY W.

STREET ADDRESS

12812 MARSH CREEK DRIVE

CITY - ST - ZIP

PONTE VEDRA BCH FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

32082

☐ Change ☒ Addition

TITLE

S

NAME

TRIOLA, JAMES C

STREET ADDRESS

1165 SALT MARSH CIR

CITY - ST - ZIP

PONTE VEDRA BCH FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

32082

☐ Change ☒ Addition

TITLE

V

NAME

WALSER, JOE J

STREET ADDRESS

100 PADDOCK PLACE

CITY - ST - ZIP

PONTE VEDRA BEACH FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

32082

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Sr. V

MOORHOUSE, EDWARD L.

2403 PONTE VEDRA BOULEVARD

PONTE VEDRA BEACH, FL 32082

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James C. Triola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. TRIOLA, SECRETARY

4/20/95

904/285-3700

Date

Daytime Phone

568069

TOURNAMENT PLAYERS CLUB AT HERON BAY, INC.

Item 12. Officers and Directors (continued)

7.1	Title:	V
7.2	Name:	Davison, Peter S.
7.3	Address:	12507 Deer Trace Drive
7.4	City-St-Zip:	Ponte Vedra Beach, FL 32082
8.1	Title:	V/T
8.2	Name:	Winsor, Steven A.
8.3	Address:	1217 Salt Creek Pointe Way
8.4	City-St-Zip:	Ponte Vedra Beach, FL 32082