

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S68069 (1)
1. Corporation Name
TOURNAMENT PLAYERS CLUB AT HERON BAY, INC.



Principal Place of Business
11801 HERON BAY BLVD.
CORAL SPRINGS FL 33076
US

Mailing Address
112 TPC BLVD
PONTE VEDRA FL 32082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1991	
21. State, Apt. #, etc.	22. City & State	26. 112 PGA TOUR Blvd.	27. State, Apt. #, etc.	4. FEI Number 59-3143532	Applied For Not Applicable
23. Zip	24. Country	28. City & State	29. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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)
112 PGA TOUR Boulevard
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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSRV	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINK, CHARLES L	1.2 NAME	
STREET ADDRESS	20 POINCIANA WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	1.4 CITY - ST - ZIP	32082
TITLE	DP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, VERNON A. JR	2.2 NAME	
STREET ADDRESS	1221 SOUTH FIRST STREET, TH3	2.3 STREET ADDRESS	1221 South First Street, TH2
CITY - ST - ZIP	JACKSONVILLE BCH FL	2.4 CITY - ST - ZIP	32250
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINCHEM, TIMOTHY W.	3.2 NAME	
STREET ADDRESS	7160 MARSH HAWK CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	3.4 CITY - ST - ZIP	32082
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIOLA, JAMES C	4.2 NAME	
STREET ADDRESS	1165 SALT MARSH CIR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	4.4 CITY - ST - ZIP	32082
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLINSON, KEITH W.	5.2 NAME	
STREET ADDRESS	1169 SALT MARSH CIRCLE	5.3 STREET ADDRESS	315 Pablo Road
CITY - ST - ZIP	PONTE VEDRA BEACH FL	5.4 CITY - ST - ZIP	32082
TITLE	SRV	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORHOUSE, EDWARD L	6.2 NAME	
STREET ADDRESS	8009 WHISPER LAKE LANE EAST	6.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	6.4 CITY - ST - ZIP	32082

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Triola 4/9/98 904/285-3700
Date Daytime Phone # 0016482

CR2E034 (10/97)

TOURNAMENT PLAYERS CLUB AT HERON BAY, INC.

Item 12. Officers and Directors (continued)

Title	V
Name	Davison, Peter S.
Address	24621 Deer Trace Drive
City-St-Zip	Ponte Vedra Beach, FL 32082

Title	V/T
Name	Winsor, Steven A.
Address	1217 Salt Creek Pointe Way
City-St-Zip	Ponte Vedra Beach, FL 32082