

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17040

Entity Name: THE PLAYERS CHAMPIONSHIP VILLAGE, INC.**Current Principal Place of Business:**2671 HUFFMAN BLVD.
JACKSONVILLE, FL 32246**Current Mailing Address:**100 PGA TOUR BLVD
PONTE VEDRA BEACH, FL 32082**FEI Number:** 59-2748591**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, LEONARD D JR.
100 PGA TOUR BLVD
PONTE VEDRA BEACH, FL 32082 US*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.***SIGNATURE:** LEONARD D. BROWN, JR.

04/29/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MARLIER, JIM
Address 2810 ST AUGUSTINE RD
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name HOUSTON, BERRYLIN M
Address 6740 EPPING FOREST WAY N.
City-State-Zip: JACKSONVILLE FL 32217

Title D
Name BEMAN, JUDITH N
Address 255 DEER HAVEN DR.
City-State-Zip: PONTE VEDRA FL 32082

Title D
Name HODGES, MRS KERNAN
Address 13190 GLEN KERNAN PKWY.
City-State-Zip: JACKSONVILLE FL 32224

Title D
Name ATTER, HELEN
Address 814 A1A NORTH, SUITE 202
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title ST
Name LIGHTCAP, JEANNE
Address 100 PGA TOUR BLVD.
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D, P, CHAIRMAN
Name HEALEY, TOM
Address 3213 SEQUOYAH CIRCLE
City-State-Zip: JACKSONVILLE FL 32259

Title D
Name HARTLEY, MIKE
Address 4250 ST AUGUSTINE ROAD
City-State-Zip: JACKSONVILLE FL 32207

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEANNE LIGHTCAP**SECRETARY,
TREASURER**

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name JONES, JOYCE DR
Address 1327 NORTHWOOD ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name MILNE, DOUG
Address 4595 LEXINGTON AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title D, VP
Name RAPP, MATT
Address 100 PGA TOUR BOULEVARD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D
Name MCCARTHY, JIM
Address 232 S MILL RIDGE TRAIL
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D
Name NIMNIGHT, ANNE
Address 6000 SAN JOSE BLVD
#1202
City-State-Zip: JACKSONVILLE FL 32216

Title D
Name WEED, CHARLES
Address 820 HIGHWAY A1A N
SUITE E-11
City-State-Zip: PONTE VEDRA BEACH FL 32082