2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2019
Secretary of State
3348685810CC

DOCUMENT# N17040

Entity Name: THE PLAYERS CHAMPIONSHIP VILLAGE, INC.

Current Principal Place of Business:

2671 HUFFMAN BLVD.
JACKSONVILLE, FL 32246

Current Mailing Address:

112 PGA TOUR BLVD
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-2748591

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:

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

Title	D
Name	ATTER, HELEN
Address	814 A1A NORTH, SUITE 202
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	HOUSTON, BERRYLIN M
Address	6740 EPPING FOREST WAY N.
City-State-Zip:	JACKSONVILLE FL 32217

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

Title	TREASURER, SECRETARY
Name	LIGHTCAP, JEANNE
Address	112 PGA TOUR BLVD.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

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 04/22/2019

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	112 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	NIMNICHT, 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