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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90119 046 ****61.25

DOCUMENT # 758458

1. Corporation Name

THE PONTE VEDRA BREAKERS SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PONTE VEDRA CLUB REALTY, INC. 280 PONTE VEDRA BLVD PONTE VEDRA BCH FL 32082	C/O PONTE VEDRA CLUB REALTY, INC. 280 PONTE VEDRA BLVD PONTE VEDRA BCH FL 32082

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: 05/21/1981

4. FEI Number: 59-2210098 — 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

9. Name and Address of Current Registered Agent

PONTE VEDRA CLUB REALTY INC.
280 PONTE VEDRA BLVD
280 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Carole A. Martin CAM DATE 4-13-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☒ DELETE

TITLE	PD
NAME	EDWARD JOHNSON
STREET ADDRESS	655-D PONTE VEDRA BLVD.
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	VD
NAME	BUDDY ALDREDGE
STREET ADDRESS	5330 N. POWERS FERRY ROAD NW
CITY-ST-ZIP	ATLANTA GA
TITLE	STD
NAME	FRANK ROBINSON
STREET ADDRESS	1462 LEFLEUR CIRCLE
CITY-ST-ZIP	MEMPHIS TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE	PD
1.2 NAME	Martha Nachman
1.3 STREET ADDRESS	3261 Thomas Avenue
1.4 CITY-ST-ZIP	Montgomery, AL 36106

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha Nachman SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99 Date 205-263-01 Daytime Phone #