

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 1:55

DOCUMENT # **H81724** (7)

1. Corporation Name  
**PLANTATION AT PONTE VEDRA REALTY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **1300 GULF LIFE DRIVE SUITE 600 JACKSONVILLE FL 32207**  
Mailing Address: **1300 GULF LIFE DRIVE SUITE 600 JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date the report is due (if subject)	3a. Date of Last Report
<b>10/21/1995</b>	<b>05/01/1994</b>
4. FEI Number	Applied For
<b>59-2595039</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under 1991 USFL Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2b. Mailing Address
21 <b>1300 Riverplace Blvd.</b>	26 <b>1300 Riverplace Blvd.</b>
State Apt. # etc.	State Apt. # etc.
22 <b>Suite 610</b>	27 <b>Suite 610</b>
City & State	City & State
23	28

24	25	29	30
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**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BRANNEN, W.M.  
1300 GULF LIFE DRIVE  
SUITE 600  
JACKSONVILLE FL 32207**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	<b>1300 Riverplace Blvd. Suite 610</b>			<b>FL</b>

11. Pursuant to the provisions of Sections 601, 602 and 603, Florida Statutes, the above named corporation hereby certifies that the purpose of changing its registered office or registered agent or both in the State of Florida has not changed, and that the corporation is in good standing. I hereby accept the appointment as registered agent of this corporation with and accept the obligations of law for the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	PTD <b>BURPEE, A. L. JR. 1300 GULF LIFE DRIVE JACKSONVILLE FL</b>	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VS BRANNEN, W.M. 1300 GULF LIFE DR. JACKSONVILLE FL</b>	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is a true and correct statement of the facts as stated in Sections 601, 602, and 603, Florida Statutes. I further certify that the information included on this document is true and correct and that my signature shall have the same legal effect as if made in person. This certificate shall have the same legal effect as if made in person. It appears in Block 12 of Block 13 of this report. I agree to indemnify and hold the Secretary of State harmless from any and all claims, damages, costs, and expenses, including reasonable attorney's fees, that may be asserted against the Secretary of State or the Department of State as a result of my signature on this certificate.

SIGNATURE: *W.M. Brannen* **W.M. Brannen** 04/28/95 904/396-1010  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR