2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # H81724

1. Entity Name
PLANTATION AT PONTE VEDRA REALTY, INC.

Principal Place of Business
6215 WILSON BOULEVARD
JACKSONVILLE, FL 32210 US

Mailing Address
PO BOX 7779
JACKSONVILLE, FL 32238 US

DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2595039
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRANNEN, W.M.
6215 WILSON BOULEVARD
JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BURPEE, A. L. JR.
STREET ADDRESS	6215 WILSON BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VS
NAME	BRANNEN, W.M.
STREET ADDRESS	6215 WILSON BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	V
NAME	HALL, PIKE III
STREET ADDRESS	101 PLANTATION DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/05-80139-021 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. L. Burpee, Jr. 4-29-05 904-778-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #