

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 24 PM 4:19

REINSTATEMENT 05-06



|   |  |
|---|--|
| <b>DOCUMENT # N00000000740</b><br>1. Entity Name<br>PONTE VEDRA RESORTS SWIM TEAM, INC. |  |
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|--|---|
| Principal Place of Business<br>200 PONTE VEDRA BLVD<br>PONTE VEDRA BEACH, FL 32082 | Mailing Address<br>413 E. WOODHAVEN DR<br>PONTE VEDRA BEACH, FL 32082 |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>73 San Juan Drive</b><br><br>Suite, Apt. #, etc. |
|---|---|

|   |   |   |                               |
|---|---|---|-------------------------------|
| City & State<br><b>Ponte Vedra Beach FL</b> | City & State<br><b>Ponte Vedra Beach FL</b> | 4. FEI Number<br>59-3623368   | Applied For<br>Not Applicable |
| Zip<br><b>32082</b>                         | Country<br><b>USA</b>                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

11012005 REIN-NP CR2E099 (6/04)

**6. Name and Address of Current Registered Agent**

JONES, EDWARD S  
 200 FIRST STREET  
 NEPTUNE BEACH, FL 32266

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

Name **Rosalind Travis**  
 Street Address (P.O. Box Number is Not Acceptable)  
**73 San Juan Drive**  
  
 City **Ponte Vedra Beach FL** Zip Code **32082**

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:

12/11/05  
DATE

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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| <b>FILE NOW!!! FEE IS \$61.25</b><br>After January 1, 2006, Fee will be \$122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to<br>Florida Department of State |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BUENAGA, DEBBIE<br>413 E. WOODHAVEN DR.<br>PONTE VEDRA BEACH, FL 32082 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PO<br>Cecilia Birk<br>121 Summerfield Drive<br>Ponte Vedra Beach FL 32082    |
|  | <input checked="" type="checkbox"/> Delete                                   |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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|  | <input checked="" type="checkbox"/> Delete                                   |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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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 617, 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: 12/11/05 (904) 273-8652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DCLtime Phone #