


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # N00000000740
 1. Entity Name
PONTE VEDRA RESORTS SWIM TEAM, INC.



Principal Place of Business
**200 PONTE VEDRA BLVD
 PONTE VEDRA BEACH, FL 32082**

Mailing Address
**73 SAN JUAN DRIVE
 PONTE VEDRA BEACH, FL 32082**



07022007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3623368 Applied For
 Not Applicable

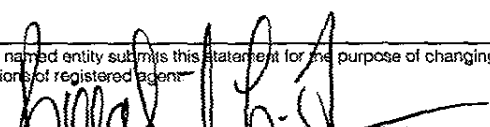
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TRAVIS, ROSALIND
 200 PONTE VEDRA BLVD
 PONTE VEDRA BEACH, FL 32082**

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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:  DATE: **7/2/07**

Signature of the registered name of the registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by September 14, 2007**

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

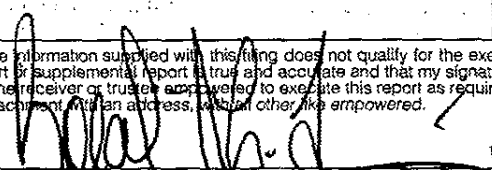
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BIRK, CECILIA
STREET ADDRESS	121 SUMMERFIELD DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VD
NAME	ERHARD, LYNN
STREET ADDRESS	14 LA VISTA DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	TD
NAME	TRAVIS, ROSALIND
STREET ADDRESS	73 SAN JUAN DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/10/07-80019-022 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 to an address, or that other like empowered.

SIGNATURE:  DATE: **7/3/07** (904) 213-8652 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR