

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:20

DOCUMENT # **N02342** (6)
1. Corporation Name
THE PONTE VEDRA COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
2106 SAWGRASS VILLAGE **2106 SAWGRASS VILLAGE**
C/O WILLIAM H HILL JR., ESQ. (BOX 99) **C/O WILLIAM H HILL JR., ESQ. (BOX 99)**
PONTE VEDRA BEACH FL 32082 **PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/03/1984** 3a. Date of Last Report **03/08/1994**
4. FEI Number **59-2362728** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **P.O. Box 517**
22 City & State **27** **Ponte Vedra Beach, FL**
23 Zip **28** **32004** Country **29** **St. Johns**
24 **25** **30**

9. Name and Address of Current Registered Agent

HILL, WILLIAM H., JR., ESQ.
2106 SAWGRASS VILLAGE
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **D**
1.2 NAME **BOWLER, DAVID**
1.3 STREET ADDRESS **718 PONTE VEDRA BLVD**
1.4 CITY-ST-ZIP **PONTE VEDRA BCH FL**
2.1 TITLE **PD**
2.2 NAME **CODY, JOANNE**
2.3 STREET ADDRESS **541 LE MASTER DR**
2.4 CITY-ST-ZIP **PONTE VEDRA BCH FL**
3.1 TITLE **TD**
3.2 NAME **PABIAN, C T**
3.3 STREET ADDRESS **331 PABLO RD**
3.4 CITY-ST-ZIP **PONTE VEDRA BCH FL**
4.1 TITLE **VD**
4.2 NAME **REESH, ROBERT**
4.3 STREET ADDRESS **12 MARIA PLACE**
4.4 CITY-ST-ZIP **PONTE VEDRA BCH FL**
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **MATHIS, SARAH**
1.3 STREET ADDRESS **504 LeMaster Dr.**
1.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**
2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **LARIZZA, BEVERLY F.**
2.3 STREET ADDRESS **350 San Juan Dr.**
2.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME **REESH, ROBERT**
4.3 STREET ADDRESS **12 Maria Place**
4.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 change of or on an attachment with an address.

SIGNATURE: **C. T. PABIAN** Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 10, 1995

704-285-2479