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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N02342** **(6)**

1. Corporation Name

THE PONTE VEDRA COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2106 SAWGRASS VILLAGE C/O WILLIAM H HILL JR.. ESQ. (BOX 99) PONTE VEDRA BEACH FL 32082	PO BOX 517 PONTE VEDRA BEACH FL 32004-0517 US

3. Date Incorporated or Qualified: 04/03/1984
3a. Date of Last Report: 02/16/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MATHIS, SARAH		1.2 NAME		
STREET ADDRESS	504 LEMASTER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LARIZZA, BEVERLY F.		2.2 NAME		
STREET ADDRESS	350 SAN JUAN DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	CRANOR, CARLTON		3.2 NAME	SHIELDS, FRANCES	
STREET ADDRESS	209 PABLO ROAD		3.3 STREET ADDRESS	530 LE MASTER DR	
CITY-ST-ZIP	PONTE VEDRA BCH FL		3.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL	
TITLE	PD	☑ DELETE	4.1 TITLE	VD	☐ Change ☑ Addition
NAME	REESH, ROBERT		4.2 NAME	HORNER, DUKE C.	
STREET ADDRESS	12 MARIA PLACE		4.3 STREET ADDRESS	92 SAN-JUAN DR.	
CITY-ST-ZIP	PONTE VEDRA BCH FL		4.4 CITY-ST-ZIP	PONTE VEDRA Beach, FL	
TITLE	VD	☐ DELETE	5.1 TITLE	PD	☑ Change ☐ Addition
NAME	BARBONE, PAMELA		5.2 NAME	Barbone, Pamela	
STREET ADDRESS	33 CORONA ROAD		5.3 STREET ADDRESS	33 Corona Rd	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP	Ponte Vedra Beach, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 changed, or on an attachment with an address.

SIGNATURE: Sarah A. Mathis (SARAH A. MATHIS) 3/5/97 (904) 285-2707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000000