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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02342

1. Corporation Name

THE PONTE VEDRA COMMUNITY ASSOCIATION, INC.

116103 · 90015 · 36

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 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/03/1984	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2362728	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

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	TD	☐ Change ☒ Addition
NAME	MATHIS, SARAH		1.2 NAME	Danny L. Worrell	
STREET ADDRESS	504 LEMASTER DRIVE		1.3 STREET ADDRESS	313 San Juan Drive	
CITY-ST-ZIP	PONTE VEDRA BCH FL		1.4 CITY-ST-ZIP	Ponte Vedra Bch, FL 32082	
TITLE	TD	☑ DELETE	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	MAROTTA, ROBERT A		2.2 NAME	Alison McCallum	
STREET ADDRESS	322 PABLO RD		2.3 STREET ADDRESS	211 San Juan Dr.	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082		2.4 CITY-ST-ZIP	Ponte Vedra Bch, FL 32082	
TITLE	SD	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	SHIELDS, FRANCES		3.2 NAME	Frances Shields	
STREET ADDRESS	530 LE MASTER DR		3.3 STREET ADDRESS	530 Le Master Dr.	
CITY-ST-ZIP	PONTE VEDRA BCH FL		3.4 CITY-ST-ZIP	Ponte Vedra Bch, FL 32082	
TITLE	P	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	HORNER, DUKE C		4.2 NAME	Duke C. Horner	
STREET ADDRESS	92 SAN JUAN DR		4.3 STREET ADDRESS	92 San Juan Drive	
CITY-ST-ZIP	PONTE VEDRA BCH FL		4.4 CITY-ST-ZIP	Ponte Vedra Bch, FL 32082	
TITLE	PD	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARBONE, PAMELA		5.2 NAME		
STREET ADDRESS	33 CORONA ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP		
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		

14. *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 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, with all other like empowered.*

SIGNATURE: SIGNATURE REQUIRED Danny L. Worrell 1/14/99 (904)280-0771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)