8

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State
08-01-2001 90001 006 ****61.25

DOCUMENT # N02342

1. Entity 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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
880 N. A1A #19	PO. Box 517
Suite, Apt. #, etc.: 19	Suite, Apt. #, etc.:
City & State: PONTE VEDRA BEACH	City & State: PONTE VEDRA BEACH
Zip: FL 32082 Country: ST JOHNS	Zip: 32004 Country: FL ST. JOHNS

4. FEI Number: 59-2362728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILL, WILLIAM H., JR., ESQ. 2106 SAWGRASS VILLAGE PONTE VEDRA BEACH FL 32082	Name: MARY AMES SPENCE Street Address (P.O. Box Number is Not Acceptable): 880 N. A1A #19 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.

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

FILE NOW: FEE IS $61.25 After September 12, 2001, min. will be $236.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCELLUM, ALLISON 211 SAN JUAN DR. PONTE VEDRA BCH FL 32082	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALVA A. HOLLON, JR. 531 LE MASTER DR. PONTE VEDRA BEACH FL 32082	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHIELDS, FRANCES 530 LE MASTER DR PONTE VEDRA BCH FL 32082	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORRIS MAPLE 500 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HORNER, DUKE C 92 SAN JUAN DR PONTE VEDRA BCH FL 32082	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALISON-MCCALLUM 211 SAN JUAN DRIVE PONTE VEDRA BEACH FL 32082	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LACY, D CAMERON 550 LE MASTER DRIVE PONTE VEDRA BEACH FL 32082	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARY AMES SPENCE 339 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: Mary Ames Spence July 26, 2001 9042859901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #