2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N02342

Entity Name: THE PONTE VEDRA COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

880 N A1A #19
19
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

PO BOX 517
PONTE VEDRA BEACH, FL 32004 US

New Mailing Address:

FEI Number: 59-2362728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXWELL, ELEANOR
3930 DUVAL DR.
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MAXWELL, ELEANOR
Address: 3930 DUVAL DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PD ( ) Delete
Name: PALMER, JACK
Address: 65 SAN JUAN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD ( ) Delete
Name: ARNOLD, MARK
Address: 512 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: BD (X) Change ( ) Addition
Name: PALMER, JACK
Address: 65 SAN JUAN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD (X) Change ( ) Addition
Name: ARNOLD, MARK
Address: 512 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR MAXWELL TRES 01/21/2009

Electronic Signature of Signing Officer or Director — Date