FILE NOW: FILING FEE IS $61.25

FILED
Apr 15, 1999 8:00 am
Secretary of State
04-15-1999 90129 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N03196

1. Corporation Name
THE WHITEHALL OF ST. JOHNS COUNTY, INC.

340085 - 90129 - 12

Principal Place of Business	Mailing Address
C/O PONTE VEDRA CLUB REALTY, INC. 280 PONTE VEDRA BOULEVARD PONTE VEDRA BEACH FL 32082	C/O PONTE VEDRA CLUB REALTY, INC. 280 PONTE VEDRA BOULEVARD PONTE VEDRA BEACH FL 32082

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/21/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3010091 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PONTE VEDRA CLUB REALTY, INC.
280 PONTE VEDRA BLVD
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 Carole A. Martin CAM 3-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	JANET PIERCY		1.2 NAME	Jack Margeson	
STREET ADDRESS	681-B PONTE VERDRA BLVD		1.3 STREET ADDRESS	415 E. Paces Ferry Road, Ste.300	
CITY-ST-ZIP	PONTE VEDRA BCH FL		1.4 CITY-ST-ZIP	Atlanta, GA 30305	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HAILEY, LARRY		2.2 NAME		
STREET ADDRESS	1819 PEACHTREE STREET #550		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30309		2.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAROLD BOWEN JR		3.2 NAME		
STREET ADDRESS	3350 CUMBERLAND CIR #1580		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOCK, CHARLES		4.2 NAME		
STREET ADDRESS	673-C PONTE VEDRA BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	ST	☒ Change ☐ Addition
NAME	GLENNA WARE		5.2 NAME		
STREET ADDRESS	P O BOX 2479 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL 32004		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		

CR2E037 (1/1/98)

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 Larry Hailey 4-1-99 904-285-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #