

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2005
Secretary of State**

DOCUMENT# N06803

Entity Name: BOLLES/PONTE VEDRA, INC.

Current Principal Place of Business:

200 ATP TOUR BOULEVARD
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

7400 SAN JOSE BLVD
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-2503766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHN, TRAINER E JR PHD
7400 SAN JOSE BLVD
JACKSONVILLE, FL 32217 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: SD () Delete
Name: SCOTT, FREDERICK H
Address: 7400 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32217

Title: DT () Delete
Name: HARTLEY, RUTH M
Address: 7400 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: JOHN, TRAINER E JR PHD
Address: 7400 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN E. TRAINER

DR.

01/12/2005

Electronic Signature of Signing Officer or Director

_____ Date