


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06803</b> 1. Entity Name <b>BOLLES/PONTE VEDRA, INC.</b>	
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Principal Place of Business <b>200 ATP TOUR BOULEVARD                  PONTE VEDRA BEACH, FL 32082</b>	Mailing Address <b>7400 SAN JOSE BLVD                  JACKSONVILLE, FL 32217</b>
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01262006 No Chg-NP CRZE037 (11/05)

4. FEI Number <b>59-2503766</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**JOHN, TRAINER E JR PHD  
 7400 SAN JOSE BLVD  
 JACKSONVILLE, FL 32217**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000418447  
 02/14/06-80008-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT, FREDERICK H 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARTLEY, RUTH M 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, TRAINER E JR PHD 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of 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 or other like empowered.

SIGNATURE: *John E. Trainee* Date 1/26/06 Daytime Phone # 904-733-9292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John E. Trainee Phd.*