

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2012  
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:**

200 ATP TOUR BOULEVARD  
PONTE VEDRA BEACH, FL 32082

**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: P  
Name: TRAINER, JOHN E JR PHD  
Address: 7400 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP  
Name: GREENE, NANCY  
Address: 7400 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D  
Name: HUDSON, JULIE A  
Address: 200 ATP TOUR BOULEVARD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: DR. JOHN E. TRAINER JR.

P

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date