

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



STATE DEPARTMENT OF REVENUE
Annual Report
Reporting Period
1995

COMM. 1 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N12981** (9)

FAIRFIELD PONTE VEDRA ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office of Registrant 10036 SAWGRASS DRIVE SUITE 3 P.O. BOX 1159 PONTE VEDRA BEACH FL 32004		2a. Mailing Address 10036 SAWGRASS DRIVE SUITE 3 P.O. BOX 1159 PONTE VEDRA BEACH FL 32004		3. Date of Incorporation or Organization 01/16/1986	3a. Date of Last Report 05/01/1994
21. Principal Office of Registrant 10036 Sawgrass Drive		26. Mailing Address P.O. Box 1159		4. FID Number 59-2628195	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. Suite 3		27. P.O. Box 1159		5. Number of State Delegates <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Ponte Vedra Beach, FL		28. Ponte Vedra Beach, FL		6. Fee for Last Report (Additional) Total Agent's Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. 32082		29. 32004		7. Nonprofit with 501(c)(3) Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
25. 32082		30. 32004		8. Total Compensation (including but not limited to salaries, benefits, honoraria, etc.) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MUNCH, DONALD FOUR SEASONS MANAGEMENT 10036 SAWGRASS DR., SUITE 3 PONTE VEDRA BEACH FL 32082 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. City	
				84. State	FL
				85. Zip Code	32082

11. I, the undersigned, hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a director, officer, or shareholder of the corporation, partnership, or other entity which is the registrant, and that my signature shall have the same force and effect as if made by the registrant. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

Signature: *Donald Munch* Date: *3/24/95*

12. Name	13. Address	14. City	15. State	16. Zip Code
D GIBSON, RODGER 122 GLENN COVE PLACE PONTE VEDRA BEACH FL --- BP-		Ponte Vedra Beach, FL 32082	FL	32082
PUNT, ROGER 110 HARBOUR ISLAND CT PONTE VEDRA BEACH FL-		Ponte Vedra Beach, FL 32082	FL	32082
D MARCON-REBECCA- 022 TOURNAMENT RD --- PONTE VEDRA BEACH FL-- DV-		Ponte Vedra Beach, FL 32082	FL	32082
MICKLEY, BRIAN 148 NATURES ISLE DR. PONTE VEDRA BEACH FL		Ponte Vedra Beach, FL 32082	FL	32082
D LEUSCHEN, GARY 206 TOURNAMENT RD PONTE VEDRA BEACH FL		Ponte Vedra Beach, FL 32082	FL	32082
D STODDARD, DAVID --- 129 GLEN EAGLES CT --- PONTE VEDRA BEACH FL ---		Ponte Vedra Beach, FL 32082	FL	32082

14. I, the undersigned, hereby certify that the information supplied with this filing is correct, true and complete, and that I am a director, officer, or shareholder of the corporation, partnership, or other entity which is the registrant, and that my signature shall have the same force and effect as if made by the registrant. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

SIGNATURE: *Brian T. Mickley* Date: *3/24/95* (904) 363-5471