

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N12981** (9)  
1. Corporation Name

**FAIRFIELD PONTE VEDRA ASSOCIATION, INC.**



Principal Place of Business: **10036 SAWGRASS DRIVE, 3, PONTA VEDRA BEACH FL 32082 US**  
Mailing Address: **P.O. BOX 1159, P.O. BOX 1159, PONTA VEDRA BEACH FL 32004 US**

3. Date Incorporated or Qualified: **01/16/1986**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2628195**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent  
**MUNCH, DONALD  
FOUR SEASONS MANAGEMENT  
10036 SAWGRASS DR., SUITE 3  
PONTA VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GIBSON, RODGER</b>
STREET ADDRESS	<b>122 GLENN COVE PLACE</b>
CITY-ST-ZIP	<b>PONTA VEDRA BEACH FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PUNT, ROGER</b>
STREET ADDRESS	<b>140 HARBOUR ISLAND CT</b>
CITY-ST-ZIP	<b>PONTA VEDRA BEACH FL----</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DOUGHERTY, CLARK</b>
STREET ADDRESS	<b>144 AZALEA POINT DR. N</b>
CITY-ST-ZIP	<b>PONTA VEDRA BEACH FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>MICKLEY, BRIAN</b>
STREET ADDRESS	<b>148 NATURES ISLE DR.</b>
CITY-ST-ZIP	<b>PONTA VEDRA BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEUSCHEN, GARY</b>
STREET ADDRESS	<b>206 TOURNAMENT RD</b>
CITY-ST-ZIP	<b>PONTA VEDRA BEACH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MITCHLEE, JOE</b>
STREET ADDRESS	<b>125 BURNING PINE COURT</b>
CITY-ST-ZIP	<b>PONTA VEDRA BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Pritchett, Janet C.</b>
2.3 STREET ADDRESS	<b>122 Glen Eagles Court</b>
2.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>
3.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Corser, Harold</b>
6.3 STREET ADDRESS	<b>829 Tournament Rd.</b>
6.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E037 (12/95)