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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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, PONTA VEDRA BEACH FL 32082 US
Mailing Address: P.O. BOX 1159, PONTA VEDRA BEACH FL 32004-1159 US

3. Date Incorporated or Qualified: 01/16/1986
3a. Date of Last Report: 03/27/1996
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
2a. Mailing Address
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Zip
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Zip

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. 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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, RODGER	
STREET ADDRESS	122 GLENN COVE PLACE	
CITY-ST-ZIP	PONTA VEDRA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PRITCHETT, JANET C.	
STREET ADDRESS	122 GLEN EAGLES COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DOUGHERTY, CLARK	
STREET ADDRESS	144 AZALEA POINT DR. N	
CITY-ST-ZIP	PONTA VEDRA BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MICKLEY, BRIAN	
STREET ADDRESS	148 NATURES ISLE DR.	
CITY-ST-ZIP	PONTA VEDRA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEUSCHEN, GARY	
STREET ADDRESS	206 TOURNAMENT RD	
CITY-ST-ZIP	PONTA VEDRA BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CORSER, HAROLD	
STREET ADDRESS	829 TOURNAMENT ROAD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Emerwa Barncastle	
1.3 STREET ADDRESS	121 Glen Cove Place	
1.4 CITY-ST-ZIP	Ponte Vedra FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James Rohbaugh	
3.3 STREET ADDRESS	129 Azalea Pt DR N	
3.4 CITY-ST-ZIP	Ponte Vedra FL	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	M.A. Andrews	
5.3 STREET ADDRESS	703 Tournament Rd	
5.4 CITY-ST-ZIP	Ponte Vedra FL 32082	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Brian Mickley* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-24-97
Daytime Phone #: 0000041

CR2E037 (9/96)