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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N12981

1. Corporation Name

FAIRFIELD PONTE VEDRA ASSOCIATION, INC.

Principal Place of Business

9889 (S) SAN JOSE BLVD  
JACKSONVILLE FL 32257  
US

Mailing Address

P O BOX DRAWER 1939  
PONTA VERDA BEACH FL 32004  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/16/1986

4. FEI Number

59-2628195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CANTRELL, BRYAN K  
9889 (S) SAN JOSE BLVD 9889-1  
10036 SAWGRASS DR., SUITE 3  
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

9889-1 SAN JOSE BLVD

JACKSONVILLE

FL

85 Zip Code

32257

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS TUNSTALL, WILLIAM  
CITY-ST-ZIP BAY ISLAND COVE 116 GLEN COVE PL  
PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS STODDARD, DAVID V  
CITY-ST-ZIP GLEN EAGLES 129 GLEN EAGLES CT  
PONTE VEDRA BEACH FL 32082

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS WITAKER, CORNELIUS  
CITY-ST-ZIP AZALEA POINT ILA 121 GARDEN GATE DR  
PONTE VEDRA BEACH FL 32082

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS KEARNEY, JOHN  
CITY-ST-ZIP AZALEA POINT 11D 101 FORMOSA PL  
PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS ELWELL, LISA  
CITY-ST-ZIP AZALEA POINT 11B 125 BOUGANVILLE DR  
PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS JAMES PETERSEN  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME 5D  
1.3 STREET ADDRESS GEORGE ELY  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D  
2.3 STREET ADDRESS ELLEN HAGA  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME D  
3.3 STREET ADDRESS JOSEPH FITZPATRICK  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D  
4.3 STREET ADDRESS ED SMITH  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME D  
5.3 STREET ADDRESS ROBERT PEECE  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME D  
6.3 STREET ADDRESS BARBARA MEYER  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *William Tunstall* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99

Date

285-8479

Daytime Phone #

CR2E037-11/98