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NONPROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #

N33808

(9)

CORRIDORS AT PONTE VEDRA ASSOCIATION, INC.

Principal Place of Business Mailing Address 100 S. BISCAYNE BLVD. SHITE 200									
SUITE 700 MIAMI FL 331 US	31	SUITE 700 MIAMI FL 33131 US			Date Incorporated or Qualified 3a. Date of Last Report				
03		03				08/18/1989	08/18/1989 08/16/19		
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2963376			Not Applicable
Suite, Apt #		Suite, Apt #, etc.				5. Certificate of Status Desired		Fee	Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		-	0 May Be d to Fees
Ζιρ	Country	Zφ	Cour	ntry		8. This corporation has liability for in	ntangible ta		
24	25	29	30				Yes 🗌		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered	Agent	
				81	Name				
FRASER, LEWIS A.				82 Street Address (P.O. Box Number is Not Acceptable)					
100 S BISCAYNE BVLD			1	83					
SUITE 7				•					
MIAMI FI	1 33131			84	City		FL	85 Z	Code
familiar witi	cd agent, or both, in the State of Florida n, and accept the obligations of, Section Signature, typed or protect have of registered agent an	ı 617.0503, Florida Statutes.		·		pard of directors. I hereby accept the appoint		registered	agent. I am
12.	OFFICERS AND		13.		,	ADDITIONS CHANGES TO OFFE	CEHS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE	11	Lŧ			[Change	Addition
NAME	FRASER, LEWIS A.		1.2 NA						
STREFT ADDRESS	100 S. BISCAYNE BLVD., 700				ADDRESS				
CITY - ST - ZIP	MIAMI FL VPD □ DELETE			Y-S LE	T-ZIP		☐ Change ☐ Ado		Addition
NAME	FRASER II, LEWIS A			ME			,		
STREET ADDRESS	100 S BISCAYNE BLVD / STE	700			ADDRESS				
CHTY ST ZIP	MIMAI FL	700	2 4 CI		1				
TITLE	ASD DELETE			LE		· · · · · · · · · · · · · · · · · · ·]	Change	Addition
NAME	HARRIS, WILLIAM P. JR.		3 2 NA	ME					
STREET ADDRESS	7700 N. KENDALL DR., #506		3351	REET	ADDRESS				
CITY - ST - ZIP	MIAMI FL		3.4 CI	TY - 5	ST - ZIP				
TITLE		☐ DELÉTE	4 1 T T	LE			1	Change	Addition
NAME			4 2 NA						
STREET ADDRESS					ADDRESS				
CiTy - ST - ZIP		Floriti	4.4 CIT		1 - 219			Change	Addition
TITLE		□ D£1€1E	5 1 TIT					Change	Addition
NAME STREET ADDRESS			5 2 NA 5 3 S I		ADDRESS				
CITY - ST - ZIP			5 4 CH						
THE	DELETE			LE			<u> </u>	Change	Addition
NAME			62 NA				,	-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIF			6.4 Cil	[Y - S	ST - ZIP				
certify that oath; that	the information indicated on this annua	report or supplemental annotion or the receiver or trustee	ual report is e empower	s tru	ue and acc	y for the exemption stated in Section 119. urate and that my signature shall have the this report as required by Chapter 617, Flo	same legal	effect as it	made under

SIGNATURE:

LIVES I DEM TURE AND TYPED ON PRINTED NAME OLD GRINING OFFICER OR DIRECTOR 2/7/96 305-371,936/b