

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 02, 2009  
Secretary of State**

DOCUMENT# N33808

Entity Name: CORRIDORS AT PONTE VEDRA ASSOCIATION, INC.

**Current Principal Place of Business:**

1901 MAIN STREET  
SUITE 900  
COLUMBIA, SC 29201 US

**New Principal Place of Business:**

**Current Mailing Address:**

1901 MAIN STREET  
SUITE 900  
COLUMBIA, SC 29201 US

**New Mailing Address:**

FEI Number: 59-2963376      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MATELSKI, JERRY  
Address: 1901 MAIN STREET  
City-St-Zip: COLUMBIA, SC 29201 US

Title: VPD ( ) Delete  
Name: EDENS, JOE III  
Address: 1901 MAIN STREET  
City-St-Zip: COLUMBIA, SC 29201 US

Title: STD ( ) Delete  
Name: DROGALIS, MARK  
Address: 1901 MAIN STREET  
City-St-Zip: COLUMBIA, SC 29201 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DE ANNE C. DUNN

VP

07/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date