

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 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 # N93000003524 (6)
1. Corporation Name
PONTE VEDRA LAKES BUSINESS PARK ASSOCIATION, INC



Principal Place of Business Mailing Address
4400 MARSH LANDING BLVD. STE. 3 PONTE VEDRA BCH. FL 32082 US
4400 MARSH LANDING BLVD. STE 3 PONTE VEDRA BCH. FL 32082-1299 US

3. Date Incorporated or Qualified 06/04/1993
3a. Date of Last Report 05/01/1996
4. FEI Number 59-3221739 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
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. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
FLETCHER, JEROME S
4400 MARSH LANDING BLVD.
STE. 3
PONTE VEDRA BCH. FL 32082

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1548 THE GREENS WAY #4
83
84 City Jacksonville Bch FL 85 Zip Code 32250

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLETCHER, PAUL | 1.2 NAME | |
| STREET ADDRESS | 4400 MARSH LANDING BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | 1.4 CITY-ST-ZIP | |
| TITLE | DVT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MELCHING, STEPHEN D | 2.2 NAME | |
| STREET ADDRESS | 4400 MARSH LANDING BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | 2.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUTCHINSON, FRANCES | 3.2 NAME | |
| STREET ADDRESS | 4400 MARSH LANDING BLVD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: _____ DATE: 4-25-97 904-285-6921

CR2E037 (9/96)