

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 4400 MARSH LANDING BLVD. STE. 3 PONTE VEDRA BCH. FL 32082 US	Mailing Address 4400 MARSH LANDING BLVD. STE 3 PONTE VEDRA BCH. FL 32082 US
--	---

3. Date Incorporated or Qualified
08/04/1993

4. FEI Number 59-3221739	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business 21 1548 The Greens Way Suite, Apt. #, etc. 22 Suite 4 City & State 23 Jacksonville Beach, FL Zip 24 32250	2a. Mailing Address 26 P.O. Box 1219 Suite, Apt. #, etc. 27 City & State 28 Ponte Vedra Beach, FL Zip 29 32004
Country 25 USA	Country 30 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**FLETCHER, JEROME S
1548 THE GREENS WAY
#4
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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	DP	<input type="checkbox"/> DELETE
NAME	FLETCHER, PAUL	
STREET ADDRESS	4400 MARSH LANDING BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	MELCHING, STEPHEN D	
STREET ADDRESS	4400 MARSH LANDING BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, FRANCES	
STREET ADDRESS	4400 MARSH LANDING BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1548 The Greens Way, Ste. 4
1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Same As Above
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Same As Above
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: Frances F. Hutchinson 1/29/98 (904) 285-6921

CP2E037 (10/97)