


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90233 001 ****61.25

DOCUMENT # N93000003524	
1. Entity Name PONTE VEDRA LAKES BUSINESS PARK ASSOCIATION, INC.	

Principal Place of Business 1548 THE GREENS WAY SUITE 4 JACKSONVILLE BEACH, FL 32250 US	Mailing Address P. O. BOX 1219 STE 3 PONTE VEDRA BEACH, FL 32004 US
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14010950



2. Principal Place of Business Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082	Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082
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04212004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3221739	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TREADWELL, FRANK E 1548 THE GREENS WAY #4 JACKSONVILLE BEACH, FL 32250	7. Name and Address of New Registered Agent Name <u>C.P. CONNOLLY</u> Street <u>Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082</u> City <u>Ponte Vedra Beach, FL 32082</u> Zip Code <u>32082</u>
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8. The above named entity submits this statement for the purpose of changing its registered agent and accepting the obligations of registered agent.

SIGNATURE C.P. Connolly C.P. CONNOLLY DATE 4-23-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLETCHER, PAUL 1548 THE GREENS WAY, SUITE 4 JACKSONVILLE, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TREADWELL, FRANK E 1548 THE GREENS WAY, SUITE 4 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HUTCHINSON, FRANCES 1548 THE GREENS WAY, SUITE 4 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUCKNER, JUDY V 1548 THE GREENS WAY STE 4 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ROBERT L 1548 THE GREENS WAY #4 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Treadwell FRANK TREADWELL DATE 4-26-04 DAYTIME PHONE # 904-285-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR