



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90317 032 \*\*\*\*61.25

<b>DOCUMENT # N93000003524</b>					
<b>1. Entity Name</b> PONTE VEDRA LAKES BUSINESS PARK ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 US		<b>Mailing Address</b> 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 US		50037269 	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04122005 Chg-NP CR2E037 (10/03)	
Zip		Zip		<b>4. FEI Number</b> 59-3221739	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CONNOLLY, C.P. 3103 SAWGRAA VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082				<b>7. Name and Address of New Registered Agent</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City FL Zip Code	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE		C.P. Connolly Signature, typed or printed name of registered agent and date if applicable.		C.P. Connolly (NOTE: Registered Agent signature required when registering)	
Filing Fee is \$61.25 Due by May 1, 2005		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLETCHER, PAUL		NAME		
STREET ADDRESS	1548 THE GREENS WAY, SUITE 4		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-ST-ZIP		
TITLE	DVT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TREADWELL, FRANK E		NAME		
STREET ADDRESS	1548 THE GREENS WAY, SUITE 4		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUTCHINSON, FRANCES		NAME		
STREET ADDRESS	1548 THE GREENS WAY, SUITE 4		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCKNER, JUDY V		NAME		
STREET ADDRESS	1548 THE GREENS WAY STE 4		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT L		NAME		
STREET ADDRESS	1548 THE GREENS WAY #4		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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 employees.</b>					
SIGNATURE:		Robert L. Johnson Signature and typed or printed name of signing officer or director		4-14-05 (904) 285-2922 Date Daytime Phone #	