


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000003524				
1. Entity Name PONTE VEDRA LAKES BUSINESS PARK ASSOCIATION, INC.				
Principal Place of Business 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 US		Mailing Address 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3221739
				Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
CONNOLLY, C.P. 3103 SAWGRAA VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code
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.				
SIGNATURE <i>C.P. Connolly</i>		C.P. CONNOLLY		4-28-06
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	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	000000549821 05/13/06-80036-003 61.25
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Robert L Johnson</i>		4-28-06		(904) 285-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #