


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90382 024 ****61.25

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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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3221739

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CONNOLLY, C.P.
3103 SAWGRAA VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

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 C.P. Connolly **C.P. CONNOLLY** CAM 4/19/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25 Due by May 1, 2007

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLETCHER, PAUL 1548 THE GREENS WAY, SUITE 4 JACKSONVILLE, FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HUTCHINSON, FRANCES 1548 THE GREENS WAY, SUITE 4 JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUCKNER, JUDY V 1548 THE GREENS WAY STE 4 JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ROBERT L 1548 THE GREENS WAY #4 JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWER, DARBY 238 PONTEVEDRA PARK DR. PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOWMAN, TODD 1500 RIVERSIDE AVE JACKSONVILLE FL 32202 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PATEL PRAKASH 120 PONTE VEDRA PARK DR. PONTEVEDRA BEACH FL 32082 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #