

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000945 (4)

1. Corporation Name

COLONY AT PONTE VEDRA VII CONDOMINIUM ASSOCIATIO N, INC.



Principal Place of Business Mailing Address
1600 SUN BANK BLDG. 200 W. FORSYTH STREET JACKSONVILLE FL 32202

3. Date Incorporated or Qualified 02/24/1995
3a. Date of Last Report 03/06/1996

2. Principal Place of Business 2a. Mailing Address
21 1650 Prudential Drive 26 1650 Prudential Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 100 27 Suite 100
City & State City & State
23 Jacksonville, FL 28 Jacksonville, FL
Zip Country Zip Country
24 32207 25 29 32207 30

4. FEI Number 59-3349013 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUSS, JOHN S IV
1600 SUN BANK BLDG. 200 W. FORSYTH STREET
JACKSONVILLE FL 32202

81 Name John S. Duss, IV
82 Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street
83 Suite 2800
84 City Jacksonville, FL 85 Zip Code 32202

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISK, JOHN K.	1.2 NAME	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ERNESTINE L.	2.2 NAME	
STREET ADDRESS	1650 PRUDENTIAL DRIVE STE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSS, IV JOHN S.	3.2 NAME	
STREET ADDRESS	200 W FORSYTH STREET SUITE 1600	3.3 STREET ADDRESS	50 N. Laura Street, Suite 2800
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 married, or in an assignment with an address.

SIGNATURE: SIGNATURE REQUIRED John K. Sisk

904-399-3544

CR2E037 (9/96)