

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000945 (4)**  
1. Corporation Name  
**COLONY AT PONTE VEDRA VII CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1650 PRUDENTIAL DRIVE STE. 100 JACKSONVILLE FL 32207 US</b>	Mailing Address <b>1650 PRUDENTIAL DRIVE STE. 100 JACKSONVILLE FL 32207 US</b>
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3. Date Incorporated or Qualified <b>02/24/1995</b>		
4. FEI Number <b>59-3349013</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <b>10161 Centurion Pkwy N.</b> Suite, Apt. #, etc. 22 <b>150</b> City & State 23 <b>Jacksonville, FL</b> Zip 24 <b>32256</b>	2a. Mailing Address 26 <b>10161 Centurion Pkwy N.</b> Suite, Apt. #, etc. 27 <b>150</b> City & State 28 <b>Jacksonville, FL</b> Zip 29 <b>32259</b>	Country 25 <b>Duval</b>	Country 30 <b>Duval</b>
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9. Name and Address of Current Registered Agent  
**DUSS, JOHN S IV  
50 N LAURA ST  
STE. 2800  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISK, JOHN K.</b>	1.2 NAME	
STREET ADDRESS	<b>1650 PRUDENTIAL DRIVE SUITE 100</b>	1.3 STREET ADDRESS	<b>10161 Centurion Pkwy N, Suite 150</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32252</b>
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, ERNESTINE L.</b>	2.2 NAME	
STREET ADDRESS	<b>1650 PRUDENTIAL DRIVE STE 100</b>	2.3 STREET ADDRESS	<b>10161 Centurion Pkwy N, Suite 150</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUSS, IV JOHN S.</b>	3.2 NAME	
STREET ADDRESS	<b>50 N LAURA ST, STE. 2800</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
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 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 changed, or on an attachment with an address.

SIGNATURE:  **John K. Sisk** 1-26-98(904)620-0994

CR2E037 (10/97)