


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90039 006 ****61.25

DOCUMENT # N95000004200 1. Entity Name THE PONTE VEDRA WOMAN'S CLUB, INC.					
Principal Place of Business 5140 BRIDLEWOOD CT PONTE VEDRA BEACH, FL 32082				Mailing Address P.O. BOX 957 PONTE VEDRA BEACH, FL 32004	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WILSON, LEONA 5140 BRIDLEWOOD CT PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to: Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete LANE, MARGARET 5207 PREASANT RUN COURT PONTE VEDRA BEACH, FL 32082		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete WILSON, LEONA 5140 BRIDLEWOOD CT PONTE VEDRA BEACH, FL 32082		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete FETHERSTON, JACKIE 225 WOODY CREEK DR PONTE VEDRA BEACH, FL 32082		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MEADOWS, VIRGINIA 26 LAVISTA DR. PONTE VEDRA BEACH, FL 32082	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete DODD, NANCY 2501 ST. MICHAEL COURT PONTE VEDRA BEACH, FL 32082		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete MULHERN, PEG 600 PONTE VEDRA BLVD UNIT 109 PONTE VEDRA BEACH, FL 32082		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MURRAY, MARGE 18 SEA WINDS LANE E. PONTE VEDRA BEACH, FL 32082	
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: <u>Leona Wilson</u> LEONA WILSON			01-19-2006 904-285-1248		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		