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FILED

May 12 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000365 (4)

1. Corporation Name

COLONY AT PONTE VEDRA VIII CONDOMINIUM ASSOCIATI  
ON, INC.

Principal Place of Business

Mailing Address

1600 SUN BANK BUILDING.  
200 W. FORSYTH ST.  
JACKSONVILLE FL 322021600 SUN BANK BUILDING.  
200 W. FORSYTH ST.  
JACKSONVILLE FL 32202-43493. Date Incorporated or Qualified  
01/17/1996

3a. Date of Last Report

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 &amp; State

City &amp; State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32207

25

29 32207

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUSS, JOHN S IV  
1600 SUN BANK BUILDING,  
200 W. FORSYTH ST.  
JACKSONVILLE FL 3220281 Name  
John S. Duss, IV82 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 PD ☐ DELETE  
NAME Sisk, John K.  
STREET ADDRESS 1650 Prudential Drive, Suite 100  
CITY - ST - ZIP Jacksonville, FL 322071.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE STD ☐ DELETE  
NAME Clark, Ernestine L.  
STREET ADDRESS 1650 Prudential Drive, Suite 100  
CITY - ST - ZIP Jacksonville, FL 322072.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME Duss, John S., IV  
STREET ADDRESS 200 West Forsyth Street, Suite 1600  
CITY - ST - ZIP Jacksonville, FL 322023.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 50 N. Laura Street, Suite 2800  
3.4 CITY - ST - ZIP Jacksonville, FL 32202TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

(904) 399-3344

CR2E037 (9/96)