

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000365 (4)**

1. Corporation Name

**COLONY AT PONTE VEDRA VIII CONDOMINIUM ASSOCIATI
ON, INC.**



Principal Place of Business 1650 PRUDENTIAL DRIVE SUITE 100 JACKSONVILLE FL 32207		Mailing Address 1650 PRUDENTIAL DRIVE SUITE 100 JACKSONVILLE FL 32207		3. Date Incorporated or Qualified 01/17/1996
2. Principal Place of Business 21 10161 Centurion Parkway N.		2a. Mailing Address 26 10161 Centurion Pkwy N.		4. FEI Number APPLIED FOR 59-3470313
Suite, Apt. #, etc. 22 150		Suite, Apt. #, etc. 27 150		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23 Jacksonville		City & State 28 Jacksonville, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 32256		Country 25 Duval		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip 29 32256		Country 30 Duval		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

9. Name and Address of Current Registered Agent DUSS, JOHN S IV 50 N LAURA STREET SUITE 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 FL	

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	PD	1.1 TITLE	<input checked="" 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	10161 Centurion Pkwy N., Suite 150
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ERNESTINE L	2.2 NAME	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 100	2.3 STREET ADDRESS	10161 Centurion Pkwy. N., Suite 150
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSE, JOHN S IV	3.2 NAME	
STREET ADDRESS	50 N LAURA STREET SUITE 2800	3.3 STREET ADDRESS	10161 Centurion Pkwy., Suite 150
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		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		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		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:

WITNESSES REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K. Sisk 1/26/98 (904) 620-0994

CR2E037 (10/97)