I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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	S
above, or on an attachment with all other like empowered.	

TREASURER

SIGNATURE: TIMOTHY M ROBINSON

Electronic Signature of Signing Officer/Director Detail

Entity Name: PONTE VEDRA RESORTS SWIM TEAM, INC. Current Principal Place of Business:

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

75 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082

DOCUMENT# N0000000740

## **Current Mailing Address:**

75 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082

## FEI Number: 59-3623368

**Officer/Director Detail :** 

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ROBINSON, TIMOTHY 200 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 US

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.

## SIGNATURE:

Title	TREASURER	Title	VD
Name	ROBINSON, TIMOTHY	Name	ERHARD, LYNN
Address	75 SAN JUAN DRIVE	Address	14 LA VISTA DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082

Certificate of Status Desired: Yes

Feb 23, 2015 Secretary of State CC3647145704

FILED

Date

02/23/2015 Date