

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000006459**

INCORPORATION NAME
THE ENCLAVE AT PONTE VEDRA BEACH, INC.

Principal Place of Business

**ST. JOHNS INDUSTRIAL PKWY. W.
JACKSONVILLE FL 32246-7654**

Mailing Address

**3745 ST. JOHNS INDUSTRIAL PKWY. W.
JACKSONVILLE FL 32246-7654**

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90002 048 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1551 Beach Ave
Suite, Apt. #, etc.**

2a. Mailing Address

**26 PO Box 330440
Suite, Apt. #, etc.**

City & State

**Atlantic Beach FL
32233**

City & State

**28 Atlantic Beach FL
32233**

Country

3

Zip

32233

Country

30

3. Date Incorporated or Qualified

12/11/1996

4. FEI Number

59-3395677

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes No

9. Name and Address of Current Registered Agent

**KAHN, PAUL G
3745 ST. JOHNS INDUSTRIAL PKWY. W.
JACKSONVILLE FL 32246-7654**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDRESS

**P
KAHN, PAUL G
3745 ST. JOHNS INDUSTRIAL PKWY. W.
JACKSONVILLE FL 32246-7654**

☐ DELETE

ADDRESS

**ST
FRECHETTE, ROBERT M
3745 ST. JOHNS INDUSTRIAL PKWY. W.
JACKSONVILLE FL 32246-7654**

☐ DELETE

ADDRESS

1

☐ DELETE

ADDRESS

1

☐ DELETE

ADDRESS

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☐ DELETE

ADDRESS

1

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears on Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE

[Signature]

8/31/99 904 247.3585

CR2E034 (5/99)