

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F96000006459**1. Entity Name  
THE ENCLAVE AT PONTE VEDRA BEACH, INC.Principal Place of Business  
3204 SAWGRASS VILLAGE CR  
PONTE VEDRA BEACH FL 32082  
Mailing Address  
PO BOX 330440  
ATLANTIC BEACH FL 322332. Principal Place of Business  
Suite, Apt. #, etc.  
3. Mailing Address  
3204 SAWGRASS VILLAGE CR  
Suite, Apt. #, etc.City & State  
PONTE VEDRA BEACH FLZip Country  
320824. FEI Number  
**59-3395677**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**KAHN PAUL G  
3204 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH FL 32082  
US**7. Name and Address of New Registered Agent**Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE \_\_\_\_\_ **01/09/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ST ☐ Delete  
NAME FRECHETTE ROBERT M  
STREET ADDRESS 3745 ST. JOHNS INDUSTRIAL PKWY. W.  
CITY-ST-ZIP JACKSONVILLE FL 322467654TITLE P ☐ Delete  
NAME KAHN PAUL G  
STREET ADDRESS 3745 ST. JOHNS INDUSTRIAL PKWY. W.  
CITY-ST-ZIP JACKSONVILLE FL 322467654TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ST ☒ Change ☐ Addition  
NAME FRECHETTE ROBERT M  
STREET ADDRESS 330 CAROLINE STREET  
CITY-ST-ZIP KEY WEST FL 33040TITLE P ☒ Change ☐ Addition  
NAME KAHN PAUL G  
STREET ADDRESS 3204 SAWGRASS VILLAGE CR.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Paul G. Kahn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P 01/09/2001

Date Daytime Phone #

CR2E034 (11/00)