

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # G52144

1. Entity Name

PONTE VEDRA CLUB REALTY, INC.



Principal Place of Business

280 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082

Mailing Address

280 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082



03162006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2307432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

FOSTER, DAVID M.
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HANEY, DALE L
STREET ADDRESS 28 MARIA PLACE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE VST
NAME LUEDERS, JACK C. JR.
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VP
NAME WILLIAMS, SCOTT W
STREET ADDRESS 128 MIDDLETON PLACE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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04/12/06-80060-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06 904 285-6927
Date Daytime Phone #