2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G52144

Entity Name: PONTE VEDRA CLUB REALTY, INC

FILED Mar 26, 2007 Secretary of State

-		,				
Current Principal Place of Business:				New Principal Place of Business:		
280 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082						
Current Mailing Address:				New Mailing Address:		
280 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082				P.O. BOX 23627 JACKSONVILLE, FL 32241		
FEI Number: 59-2307432 FEI Number Applied For () FEI Number			FEI Nun	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and					Address of I	New Registered Agent:
FOSTER, DAVID M. 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE, FL 32207 US				MCCORMACK, JAMES E 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257 US		
The above in the State		ubmits this statement for the pu	irpose o	f changing it	ts registered of	office or registered agent, or both,
SIGNATURE: JAMES E MCCORMACK				03/26/2007		
	Electroni	c Signature of Registered Ager	nt			Date
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS						
Title: Name: Address: City-St-Zip:	HANEY, DALE L 26 MARIA PLAC	Delete E BEACH, FL 32802		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	VST () LUEDERS, JACK 9540 SAN JOSE JACKSONVILLE	BLVD		Title: Name: Address: City-St-Zip:	DVPT (X LUEDERS, JA 9540 SAN JOS JACKSONVILL	SE BLVD
Title: Name: Address: City-St-Zip:	WILLIAMS, SCO 128 MIDDLETON			Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D (LUKE, JOSEPI 9540 SAN JOS JACKSONVILL	SE BLVD
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	S (MCCORMACK 9540 SAN JOS JACKSONVILL	SE BLVD
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	AS (GWALTNEY, J 9540 SAN JOS JACKSONVILL	SE BLVD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E MCCORMACK S 03/26/2007