

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 17 PM 11:09

DOCUMENT # H21906 (3)

1. Corporation Name

PONCE DE LEON VILLAS, INC.

Principal Place of Business

**P. O. BOX 65
GAINESVILLE FL 32602**

Mailing Address

**P. O. BOX 65
GAINESVILLE FL 32602**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/19/1984

3a. Date of Last Report

06/08/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2467724

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELDON, JEFFREY
305 N.E. 1ST ST
GAINESVILLE FL 32601**

81 Name

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

83

84 City

FL

85

Zip Code

11. 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 607.0506, Florida Statutes.

SIGNATURE

Signature of person appointed registered agent and who if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

2-16-95

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MELDON, JEFFREY
STREET ADDRESS	305 NE 1ST ST.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	TD
NAME	MELDON, DOROTHY
STREET ADDRESS	24260 SHAKER BLVD.
CITY - ST - ZIP	SHAKER HTS. OH
TITLE	D
NAME	MELDON, TOBY
STREET ADDRESS	305 NE 1ST ST.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	703 N. Main Street, Ste A
1.4 CITY - ST - ZIP	GAINESVILLE, FL 32601
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	703 N. Main Street, Ste A
3.4 CITY - ST - ZIP	GAINESVILLE, FL 32601
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report is 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 in Block 12 or Block 13 or both, and, or on an attachment with an address.

SIGNATURE

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

2-16-95 (904) 373 8000