FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 21 1997 8:00am
Secretary of State

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 32602-0065

3. Date Incorporated or Qualified: **09/19/1984**
3a. Date of Last Report: **04/30/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

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

10. Name and Address of New Registered Agent
81 Name: JEFFREY MELDON
82 Street Address (P.O. Box Number is Not Acceptable): 703 N. MAIN ST.
83 Suite A
84 City: Gainesville FL 85 Zip Code: 32601

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 607.0505, Florida Statutes.

SIGNATURE: JEFFREY MELDON 1-6-97
Signature of a member of the board of directors or other agent (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD ☐ DELETE
NAME	MELDON, JEFFREY
STREET ADDRESS	703 N MAIN ST #A
CITY-ST-ZIP	GAINESVILLE FL
TITLE	TD ☐ DELETE
NAME	MELDON, DOROTHY
STREET ADDRESS	24260 SHAKER BLVD.
CITY-ST-ZIP	SHAKER HTS. OH
TITLE	D ☐ DELETE
NAME	MELDON, TOBY
STREET ADDRESS	703 N MAIN ST #A
CITY-ST-ZIP	GAINESVILLE FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
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	
1.4 CITY-ST-ZIP	
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	
3.4 CITY-ST-ZIP	
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	

CR2E034 (9/96)

14. I do 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 in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: JEFFREY MELDON 1-5-97 352 373 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #