

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L08540** (1)

1. Corporation Name

**BENCHMARK HOMES OF PONTE VEDRA, INC.**



Principal Place of Business

**2320 S THIRD ST  
S14  
JACKSONVILLE BCH FL 32250**

Mailing Address

**2320 S THIRD ST  
S14  
JACKSONVILLE BCH FL 32250**

3. Date Incorporated or Qualified  
**08/07/1989**

3a. Date of Last Report  
**03/24/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number  
**59-2962716**

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

**AHERN, FRED L., JR.  
2215 S 3RD ST  
S101  
JACKSONVILLE BCH FL 32250**

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	MORRISON, RICHARD G	
STREET ADDRESS	2320 S 3RD ST NO 14	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	JACKSON, BARBARA L	
STREET ADDRESS	2320 S. 3RD ST., NO. 14	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUFFINE, BRENDA K	
STREET ADDRESS	2320 S 3RD ST S14	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	OP
4.3 STREET ADDRESS	JACKSON, WILLIAM K.
4.4 CITY-ST-ZIP	2320 S. 3RD ST. NO. 14 JACKSONVILLE BCH, FL 32250
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	KELLY, ROBERT W.
5.4 CITY-ST-ZIP	2320 S. 3RD ST. S14 JACKSONVILLE BCH, FL 32250
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 if changed, or on an attachment with an address.

SIGNATURE:

*William K. Jackson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

Date

904-246-8777

Daytime Phone #

CR2E034 (12/95)