

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90019 048 ***150.00

0041867

DOCUMENT # L08540

1. Corporation Name

BENCHMARK HOMES OF PONTE VEDRA, INC.

Principal Place of Business

1548 THE GREENS WAY
STE #1
JACKSONVILLE BCH FL 32250
US

Mailing Address

1548 THE GREENS WAY
STE #1
JACKSONVILLE BCH FL 32250
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1989

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

7. This corporation owes the current year Intangible

Personal Property Tax.

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE
NAME MORRISON, RICHARD G
STREET ADDRESS 1548 THE GREENS WAY #1
CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE DVT ☐ DELETE
NAME JACKSON, BARBARA L
STREET ADDRESS 1548 THE GREENS WAY #1
CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE S ☐ DELETE
NAME HUFFINE, BRENDA K
STREET ADDRESS 1548 THE GREENS WAY #1
CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE DP ☐ DELETE
NAME JACKSON, WILLIAM K
STREET ADDRESS 1548 THE GREENS WAY #1
CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE V ☐ DELETE
NAME KELLY, ROBERT W
STREET ADDRESS 1548 THE HREENS WAY #1
CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE V ☒ DELETE
NAME WATSON, LAWRENCE J.
STREET ADDRESS 1548 THE GREENS WAY #1
CITY-ST-ZIP JACKSONVILLE BCH FL

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

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

4/9/99

Date

904-280-8777

Daytime Phone #

CR2E034 (11/98)