

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90118 001 \*\*\*\*61.25  
 05-14-2002 90118 002 \*\*\*\*\*8.75

**DOCUMENT # N01000000210**

1. Entity Name

**COLONY AT PONTE VEDRA XII CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10161 CENTURION PARKWAY NORTH, SUITE 150  
 JACKSONVILLE FL 32256

10161 CENTURION PARKWAY NORTH, SUITE 150  
 JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0426670

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUSS, JOHN S IV**  
**FORD, JETER, BOWLUS, DUSS & MORGAN, P.A.**  
**10110 SAN JOSE BLVD.**  
**JACKSONVILLE FL 32257**

Name

*Ernestine L. Clark*

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

*10161 Centurion Pkwy. N.*

*Suite 150*

City

*Jacksonville*

**FL**

Zip Code

*32256*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Ernestine L. Clark Ernestine L. Clark*

*4-25-02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *D/P* ☐ Delete  
 NAME *John K. Sisk*  
 STREET ADDRESS *10161 Centurion Pkwy N. #150*  
 CITY-ST-ZIP *Jacksonville, FL 32256*

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE *D/S-T* ☐ Delete  
 NAME *Ernestine L. Clark*  
 STREET ADDRESS *10161 Centurion Pkwy N. #150*  
 CITY-ST-ZIP *Jacksonville, FL 32256*

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE *D* ☐ Delete  
 NAME *John S. Duss IV*  
 STREET ADDRESS *10110 San Jose Blvd.*  
 CITY-ST-ZIP *Jacksonville, FL 32257*

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
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 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ernestine L. Clark Ernestine L. Clark*

*4-18-02 (904) 620-0994*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)