

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90192 005 \*\*\*\*61.25

**DOCUMENT # N03000004979**

1. Entity Name

**PONTE VEDRA BEACH PARK AT LIBRARY BOULEVARD,  
INC.**



Principal Place of Business

Mailing Address

**400 PONTE VEDRA BLVD  
PONTE VEDRA BEACH FL 32082**

**400 PONTE VEDRA BLVD  
PONTE VEDRA BEACH FL 32082**



2. Principal Place of Business

3. Mailing Address

**6 Fairfield Blvd.  
Suite, Apt. #, etc.  
Ste. 6**

Suite, Apt. #, etc.

City & State

City & State

**Ponte Vedra Beach, FL**

Zip  
**32082**

Country  
**USA**

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**57-1170935**

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

**DRAKE, JANET L  
6 FAIRFIELD BLVD, STE 6  
PONTE VEDRA BEACH FL 32082**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when revalidating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SIMPSON, VIRGINIA 37 RAMONA STREET PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WATSON, MARY 352 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VLECK, JOAN VAN 409 PONTER VEDRA BLVD. PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, MARTHA 540 PONTE VERDA BLVD. PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Schmachtenberger, hesli 21 Solana Road Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** **Joan A. Van Vleck** **4-11-06** **904/384-6599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #