


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90193 050 \*\*\*\*61.25

<b>DOCUMENT # N03000004979</b>	
1. Entity Name <b>PONTE VEDRA BEACH PARK AT LIBRARY BOULEVARD, INC.</b>	

Principal Place of Business <b>6 FAIRFIELD BLVD. STE 6 PONTE VEDRA BEACH, FL 32082 US</b>	Mailing Address <b>6 FAIRFIELD BLVD. STE 6 PONTE VEDRA BEACH, FL 32082 US</b>
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2. Principal Place of Business - No P.O. Box # <b>226-5 Solana Rd</b>	3. Mailing Address <b>226-5 Solana Rd</b>
Suite, Apt. #, etc. <b>Suite 124</b>	Suite, Apt. #, etc. <b>Suite 124</b>
City & State <b>Ponte Vedra Beach FL</b>	City & State <b>Ponte Vedra Beach FL</b>
Zip <b>32082</b>	Country <b>USA</b>

40060001



04152007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>57-1170935</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>DRAKE, JANET L 6 FAIRFIELD BLVD, STE 6 PONTE VEDRA BEACH, FL 32082</b>	7. Name and Address of New Registered Agent Name <b>Janet Drake</b> Street Address (P.O. Box Number is Not Acceptable) <b>6 Fairfield Blvd, Suite 7</b> City <b>Ponte Vedra Beach</b> FL Zip Code <b>32082</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C SIMPSON, VIRGINIA 37 RAMONA STREET PONTE VEDRA BEACH, FL 32082</b> <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	<b>VC WATSON, MARY 352 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082</b> <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	<b>T SCHMACHTENBERGER, LESLI 21 SOLANA ROAD PONTE VEDRA BEACH, FL 32082</b> <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	<b>D BAKER, MARTHA 540 PONTE VERDA BLVD. PONTE VEDRA BEACH, FL 32082</b> <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"/> 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"/> Delete	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 Chapter 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: Lesli Schmachtenberger Date: 4/15/07 Citytime Phone #: 904-382-3819

Lesli Schmachtenberger