

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006391

FILED
Jan 30, 2009
Secretary of State

Entity Name: PONTE VEDRA HIGH SCHOOL PTO, INC.

Current Principal Place of Business:

460 DAVIS PARK ROAD
PONTE VEDRA, FL 32081

New Principal Place of Business:

Current Mailing Address:

460 DAVIS PARK ROAD
PONTE VEDRA, FL 32081

New Mailing Address:

FEI Number: 80-0205745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RATCLIFFE, YVONNE
171 WOODLANDS CREEK DRIVE
PONTE VEDRA BEACH, FL FL US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YVONNE, RATCLIFFE
Address: 171 WOODLANDS CREEK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VP () Delete
Name: KELLY, BAXLEY
Address: 8192 SEVEN MILE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: T () Delete
Name: KIMBERLY, EGAN
Address: 3063 CYPRESS CREEK DRIVE NORTH
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: G () Delete
Name: DINA, KOTZE
Address: 608 MILLERS DAM CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: S () Delete
Name: NAN, HEALY
Address: 285 ODOMS MILL BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: G () Change (X) Addition
Name: KIM, UNDERWOOD
Address: 108 BELVEDERE PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY EGAN

T

01/30/2009

Electronic Signature of Signing Officer or Director

Date