

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16491

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** THE PLANTATION AT PONTE VEDRA, INC.

**Current Principal Place of Business:**

220 PLANTATION CIRCLE  
PONTE VEDRA, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

101 PLANTATION DR.  
PONTE VEDRA, FL 32082 US

**New Mailing Address:**

**FEI Number:** 59-2855473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, GAMBRELL, & RUSSELL, LLP  
50 NORTH LAURA STREET, SUITE 2600  
JACKSONVILLE, FL 32202 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: VD  
Name: ROBERTA, SCHOFIELD  
Address: 132 TWELVE OAKS LANE  
City-St-Zip: PONTE VEDRA, FL 32082

Title: VD  
Name: FRANK, BARKER  
Address: 149 TWELVE OAKS LANE  
City-St-Zip: PONTE VEDRA, FL 32082

Title: TSD  
Name: NICHOLS, HERB  
Address: 101 LAUREL WAY  
City-St-Zip: PONTE VEDRA, FL 32082

Title: SD  
Name: JOHNSTON, ROBERT  
Address: 120 MIDDLETON PLACE  
City-St-Zip: PONTE VEDRA, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: HERB NICHOLS

TD

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date