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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N23977 (4)

1. Corporation Name
THE INNLET AT PONTE VEDRA BEACH MASTER ASSOCIATI
ON, INC.

Principal Place of Business Mailing Address
118 WEST ADAMS STREET, SUITE 3-A P.O. BOX 1200
JACKSONVILLE FL 32201 JACKSONVILLE FL 32201

3. Date incorporated or Qualified
12/18/1987

4. FEI Number
59-3031837

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 118 W. Adams Street 26 Suite, Apt. #, etc.

22 Suite 1000 27 Suite, Apt. #, etc.

23 City & State Jacksonville, FL 28 City & State

24 Zip 32202 25 Country US 29 Zip 30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FOSTER, SCOTT R
118 WEST ADAMS STREET, SUITE 3-A
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name Scott R. Foster

82 Street Address (P.O. Box Number Is Not Acceptable)
118 West Adams Street

83 Suite 1000

84 City Jacksonville FL 85 Zip Code 32202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 1/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, SCOTT	1.2 NAME	
STREET ADDRESS	118 WEST ADAMS STREET, THIRD FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDISON, GRAFTON D III	2.2 NAME	
STREET ADDRESS	118 WEST ADAMS STREET, THIRD FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, MICHAEL J	3.2 NAME	
STREET ADDRESS	118 WEST ADAMS STREET, THIRD FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

Signature, typed or printed name of signing officer or director

Signature, typed or printed name of signing officer or director

DATE 1/6/98 (904) 354-1789

Daytime Phone # 0004138

CR2E037 (10/97)