

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41152

FILED
Apr 26, 2007
Secretary of State

Entity Name: PONTE VEDRA-PALM VALLEY ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 2763
PONTE VEDRA BEACH, FL 320042763 US

New Principal Place of Business:

1136 SALT CREEK DRIVE
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

PO BOX 2763
PONTE VEDRA BEACH, FL 320042763 US

New Mailing Address:

FEI Number: 59-3066498 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KESSLER, PAM
1136 SALT CREEK DRIVE
PONTE VEDRA BEACH, FL 32082 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: V/D () Delete
Name: EVANS, DAVE
Address: 404 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T/D () Delete
Name: DUNCAN, KIMBERLY
Address: 164 COASTAL OAK CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: KESSLER, PAMELA
Address: 1136 SALT CREEK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: NORTON, JERRY
Address: 105 OLD PONTE VEDRA LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S/D () Delete
Name: CROLINS, PETER
Address: 165 CONSTEL OAK CIR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P/D (X) Change () Addition
Name: KESSLER, PAMELA
Address: 1136 SALT CREEK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

Title: S/D (X) Change () Addition
Name: CROLIUS, PETER
Address: 165 COASTAL OAK CIR
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 T. DUNCAN

T/D

04/26/2007

Electronic Signature of Signing Officer or Director

Date