2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41152

FILED Aug 18, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1136 SALT CREEK DRIVE PONTE VEDRA BEACH, FL 32082 LIS

Current Mailing Address: New Mailing Address:

PO BOX 2763 PONTE VEDRA BEACH, FL 320042763 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KESSLER, PAM 1136 SALT CREEK DRIVE PONTE VEDRA BEACH, FL 32082 US

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:

OFFICERS AND DIRECTORS:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

V/D () Delete (X) Change () Addition

EVANS, DAVE EVANS, DAVE Name: Name: 404 PONTE VEDRA BLVD Address: 404 PONTE VEDRA BLVD Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P/D Title: () Delete () Change () Addition

KESSLER, PAMELA Name: Name: Address: 1136 SALT CREEK DRIVE Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip:

Title: () Delete Title: () Change () Addition

NORTON, JERRY Name: Name: 105 OLD PONTE VEDRA LANE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip:

Title: TD () Delete Title: V/D (X) Change () Addition

CROLIUS, PETER GRUHN, OTTO Name: Name: Address: 165 COASTAL OAK CIR. Address: 1182 NECK ROAD

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete Title: (X) Change () Addition

LAMBARDO, PATTI LAMBARDO, PATTI Name: Name: 461 S. HILL VIEW WAY 461 S. HILL VIEW WAY Address: Address:

PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 City-St-Zip: City-St-Zip:

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: DAVID EVANS T/D 08/18/2009