

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003935

FILED
Apr 29, 2006
Secretary of State

Entity Name: THE PONTE VEDRA BUSINESS CENTER ASSOCIATION, INC.

Current Principal Place of Business:

% SUNCASTLE PROPERTIES, INC.
830 A1A NORTH, SUITE 4
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

% SUNCASTLE PROPERTIES, INC.
830 A1A NORTH, SUITE 4
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3213814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGDEN, SUE
C/O SUNCASTLE PROPERTIES INC
830 A1A NORTH, SUITE 4
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: VD () Delete
Name: COONEY, KATHLEEN A
Address: P.O. BOX 9024 N/A
City-St-Zip: PRINCETON, NJ 08543

Title: STD () Delete
Name: WALLACE, LEONARD
Address: 1301 RIVERPLACE BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD () Delete
Name: KOSKI, GEORGE
Address: 110 SOLANA RD #106
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: PD (X) Change () Addition
Name: WILSON, RUTH
Address: 110 SOLANA RD #100
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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: RUTH WILSON

PD

04/29/2006

Electronic Signature of Signing Officer or Director

Date