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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002090**

1. Corporation Name

COLONY AT PONTE VEDRA I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ASSOCIATION MANAGEMENT 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082 US	~~ASSOCIATION MANAGEMENT~~ 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 10161 Centurion Pkwy N.	26 10161 Centurion Pkwy N.	04/22/1994
Suite, Apt. #, etc. 22 150	Suite, Apt. #, etc. 27 150	4. FEI Number 59-3276889 ☐ Applied For ☐ Not Applicable
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 32256 Country 25 Duval	Zip 29 32256 Country 30 Duval	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~CONNOLLY, C.P.~~ ~~ASSOCIATION MANAGEMENT OF PONTE VEDRA~~ ~~3103 SAWGRASS VILLAGE CIRCLE~~ ~~PONTE VEDRA BEACH FL 32082~~	81 Name Amshel Properties - Ernestine Clark 82 Street Address (P.O. Box Number is Not Acceptable) 10161 Centurion Pkwy N. #150 83 84 City Jacksonville FL 85 Zip Code 32256

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 Ernestine L. Clark (Ernestine L. Clark) DATE 4-8-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	GWYNNE, THOMAS	1.2 NAME	John T. Parkerson
STREET ADDRESS	13 PONTE VEDRA COLONY CIRCLE	1.3 STREET ADDRESS	18 Ponte Vedra Colony Circle
CITY-ST-ZIP	PONTE VEDRA BEACH FL	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HALSTEAD, DIANE	2.2 NAME	
STREET ADDRESS	17 PONTE VEDRA COLONY CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, KEVIN	3.2 NAME	
STREET ADDRESS	16 PONTE VEDRA COLONY CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-20-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1.1/98)