


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004561 (6)**

1. Corporation Name
COLONY AT PONTE VEDRA III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3103 SAWGRASS VILLAGE CIR. PONTE VEDRA BEACH FL 32082 10161 Centurion Pkwy N Jacksonville, FL 32256	Mailing Address 3103 SAWGRASS VILLAGE CIR. PONTE VEDRA BEACH FL 32082
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3. Date Incorporated or Qualified 09/13/1994		
4. FEI Number 59-3311714	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 10161 Centurion Pkwy N.	2a. Mailing Address 26 10161 Centurion Pkwy N.
Suite, Apt. #, etc. 22 150	Suite, Apt. #, etc. 27 150
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32256-0523	Country 25 Duval
Zip 29 32256-0523	Country 30 Duval

9. Name and Address of Current Registered Agent

GONNOLLY, C.P.
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name **Ernestine L. Clark**

82 Street Address (P.O. Box Number is Not Acceptable)
10161 Centurion Pkwy. N.

83 **Suite 150**

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 **1/21/98**

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PASTER, FRANKLIN A		1.2 NAME Roberta Wagemaker	
STREET ADDRESS 27 PONTE VEDRA COLONY CIRCLE		1.3 STREET ADDRESS 33 Ponte Vedra Colony Circle	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAGEMAKER, ROBERTA		2.2 NAME Ted A. Busetto	
STREET ADDRESS 33 PONTE VEDRA COLONY CIRCLE		2.3 STREET ADDRESS 224 Sea Coast Lane	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082		2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE TSD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUSETTO, TED		3.2 NAME Ronald P. Barron	
STREET ADDRESS 31 PONTE VEDRA COLONY CIR.		3.3 STREET ADDRESS 39 Ponte Vedra Colony Circle	
CITY-ST-ZIP PONTE VEDRA BEACH FL		3.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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]* DATE **1/21/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)