

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT 18 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 194000084561

1. Corporation Name
Colony at Ponte Vedra Condominium Association, Inc.

OK Date OCT 24 2005

2. Principal Office Address
200 Executive Way
Suite, Apt. #, etc.

3. Mailing Office Address
200 Executive Way
Suite, Apt. #, etc.

REINSTATEMENT 99-05

City & State
Ponte Vedra, FL

City & State
Ponte Vedra, FL

4. Date Incorporated or Qualified To Do Business in Florida
1994

Zip
32082

Zip
32082

5. FEI Number
59-331714

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Roberta Wagemaker

Street Address (P.O. Box Number is Not Acceptable)
33 Ponte Vedra Colony Circle

Suite, Apt. #, Etc.

City
Ponte Vedra

State
FL

Zip Code
32082

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
[Signature]
REGISTERED AGENT MUST SIGN

Date
10/17/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Roberta Wagemaker	33 Ponte Vedra Colony Circle	Ponte Vedra, FL 32082
VP	Jeanette Mosley	34 Ponte Vedra Colony Circle	Ponte Vedra, FL 32082
Treas	Jennifer Wright	37 Ponte Vedra Colony Circle	Ponte Vedra, FL 32082
Sec	Jay Worley	121 Palm Bay Court	Ponte Vedra, FL 32082

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
10/17/05

Daytime Phone #
9046087445

CR2E081 (01/05)