FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90238 037 ****61.25

1999 DOCUMENT # N9600002061

1. Corporation Name

PONTE VEDRA BEACH CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

500 A1A NORTH

500 A1A NORTH

PONTE VEDRA BEACH FL 32082

PONTE VEDRA BEACH FL 32082



2. Principal Pl	ace of Business	2a. Mailing Address	,	3. Date Incorporated or Qualified	ļ	
1 4 5	AWERASS VILLAGE	26 4 SAWERASS	VILLAGE	04/17/1996		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
2 Suit	E 140F	27 SUITE 140F		59-3396647	Not Applicable	
City & State	3	City & State 28 FONTE VEDRA	BEDCH, P	5. Certificate of Status Desired Fee	5 Additional Required	
Zip Country Zip Coun			Country	6. Election Campaign Financing \$5.00 May Be		
24 33082 25 29 32082 30				Trust Fund Contribution Added to Fees		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
				81 Name EDA BOYLE EDGERDN		
MODOTIA DAN				82 Street Address (P.O. Boy Number is Not Acceptable)		
WORRELL, DAN			3/01 SAWGRASS VILLAGE CIRCLE			
200 SOLANCE RD			83			
STE. C				Opt 7: Code		
PONTE VEDRA BEACH FL 32082			84 City FONTE VEDRA BEACH FL 85 Zip Code 32082			
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						
11. Pursuant to the provisions of Sections 617.0502 and 617.1308, Florida Statutes, the above-harmed corporation submits this statement for the purpose of fice 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 CALONICALIST						
JOHATORE	Signature, typed or printed name of registered agent a			equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
12.	OFFICERS AND	DIRECTORO	13.	TO N		
TITLE	PD		.1 TITLE	PACKO, DR. R.G. 252 SOLANA ROAD	inge Li Addition	
NAME (ALEXANDER, GYPSY	1.	.2 NAME	ATO SOLANA ROAD	ł	
STREET ADORESS	200 PONTE VEDRA BLVD	1.	.3 STREET ADDRESS	000 30000	· ·	
CITY-ST-ZIP	PONTE VEDRA FL	1.	4 CITY-ST-ZIP	PONTE VEDRA BON, FL 32082		
mlE .	VPD	☐ DELETE 2	.1 शाLE	VPD (Scha	nge Addition	
NAME	PACKO, R G Dc.	2	2 NAME	DEBORAH HENSON		
STREET ADDRESS	252 SOLANA RD	2	3 STREET ADDRESS	110 ALA NORTH	_	
CITY-ST-ZIP	PONTE VEDRA FL 32082	2	2.4 CITY-ST-ZIP	PONTE VEDRA BUH, FC 3308	2	
TITLE	SD	☐ DELETE 3	.1 TITLE	5D XCha	nge 🗌 Addition	
NAME.	DEANE, HEATHER	[3	2 NAME	STEVE MELCHING 1548 THE GREENS WAY #4		
STREET ADDRESS		. 3	3.3 STREET ADDRESS	1548 THE GREENS WAY #4	ļ	
CITY-ST-ZIP	JACKSONVILLE BCH FL	1 a	3.4. CITY-ST-ZIP	JACKSONVILLE BCH, FL 32250		
TITLE	TD			Ditcha	nge 🔲 Addition	
NAME	MARTIN, CAROLE	4	. 2 NAME	TD EDA BOYLE EDGERTON 3101 SAWGRASS VICCAGE CIR		
STREET ADDRESS	200 PONTE VEDRA BLVD	•	.3 STREET ADDRESS	2101 SAWGRASS VICCAGE CIR	ere	
	PONTE VEDRA BCH FL		I.4 CITY-ST-ZIP	PONTE VEBRA BON FL 3200	<i>ra</i> 1	
CITY-ST-ZIP			5,1 TITLE	□ Cha		
_	CD NEAL BAYE	-	2 NAME	_	ľ	
NAME	NEAL, BAY F		3.3 STREET ADDRESS		ļ	
STREET ADDRESS	•••••		A CITY-ST-ZIP		1	
CITY-ST-ZIP	PONTE VEDRA FL		3.1 TITLE	☐ Cha	nge Addition	
TIME DO NOT A		C DESERT	5.2 NAME		'	
NAME!	,		3 STREET ADDRESS			
STREET ADDRESS	glade		5.4 CITY-ST-ZIP		}	
OUTS OF TIP	i '	■ 6).4 UIT-31-4P		1	

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:

MISTORE, BEQUIRED

15/99 904-285-0666

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