

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90006 005 ****61.25

DOCUMENT # N98000000724

1. Entity Name

WOODLANDS AT PONTE VEDRA ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2453 SOUTH THIRD STREET
 JACKSONVILLE BEACH FL 32250

2453 SOUTH THIRD STREET
 JACKSONVILLE BEACH FL 32250

C0075196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9889-1 San Jose Blvd

3. Mailing Address

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

4. FEI Number

59-3523489

Applied For

Not Applicable

Zip

Country

Zip

Country

32257

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGARVEY, JAMES N JR.
 2453 SOUTH THIRD STREET
 JACKSONVILLE BEACH FL 32250

Name **Signature Realty & Management, Inc**

Street Address (P.O. Box Number is Not Acceptable)

9889-1 San Jose Blvd

City **Jacksonville**

FL

Zip Code **32257**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/20/01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MCGARVEY, JAMES N JR. | |
| STREET ADDRESS | 2453 SOUTH THIRD STREET | |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KELLEY, PATRICIA H | |
| STREET ADDRESS | 2453 SOUTH THIRD STREET | |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HERRING, DINAH K | |
| STREET ADDRESS | 2453 SOUTH THIRD STREET | |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|--|
| TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALAN H. HERSHBERGER | |
| STREET ADDRESS | 270 WOODCREEK DR | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAM H. GARDNER | |
| STREET ADDRESS | 412 E. WOODHAVEN DR | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HASTINGS WELLS JR. | |
| STREET ADDRESS | 244 WOODY CREEK DR | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | T/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHN B HAUG | |
| STREET ADDRESS | 205 WOODY CREEK DR | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DONALD WALSH | |
| STREET ADDRESS | 408 E. WOODHAVEN DR | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN H. HERSHBERGER 8/2/01 (904) 273-0749

CR2E037 (5/01)