

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000022787

1. Entity Name
SOUTH PONTE VEDRA BEACH PARTNERS, INC.



Principal Place of Business

**5011 GATE PARKWAY
JACKSONVILLE, FL 32256**

Mailing Address

**5011 GATE PARKWAY
JACKSONVILLE, FL 32256**

DO NOT WRITE IN THIS SPACE



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3629870

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, G. ALAN
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution, Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **PETWAY, THOMAS F III**
STREET ADDRESS **5011 GATE PARKWAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **VP**
NAME **PETWAY, THOMAS F IV**
STREET ADDRESS **5011 GATE PKWY., STE 150**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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04/27/05-80028-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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 information.

SIGNATURE: *Thomas F. Petway* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____