

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90023 036 ***150.00

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1. Entity Name

PONTE VEDRA PROPERTY INVESTMENT CORP.



Principal Place of Business

1914 ART MUSEUM DR.
JACKSONVILLE, FL 32207

Mailing Address

1914 ART MUSEUM DR.
JACKSONVILLE, FL 32207

34063000



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0405813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PYBURN, WILLIAM T III
1914 ART MUSEUM DR.
JACKSONVILLE, FL 32207

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME PYBURN, WILLIAM T III
STREET ADDRESS 1914 ART MUSEUM DR.
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE DV
NAME TOWERS, L. RANDALL
STREET ADDRESS 1914 ART MUSEUM DR.
CITY-ST-ZIP JACKSONVILLE, FL 32207

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CITY-ST-ZIP

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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)(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 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 empowered.

SIGNATURE:

William T. Pyburn III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM T. PYBURN III

2/4/04 (904) 599-0134
Date Daytime Phone #