

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121612

FILED
Apr 29, 2009
Secretary of State

Entity Name: MCCUMBER HOMES OF PONTE VEDRA, INC.

Current Principal Place of Business:

140 SUITE B
NORTH ONE DRIVE
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

130 SWEETGRASS TRAIL
ST. AUGUSTINE, FL 32092

Current Mailing Address:

140 SUITE B
NORTH ONE DRIVE
ST. AUGUSTINE, FL 32095

New Mailing Address:

1280-B N. PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084

FEI Number: 20-0345354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTLETT & DEAL, P.A.
135 PROFESSIONAL DRIVE
SUITE 101
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCUMBER, GARY M
Address: 140 SUITE B, NORTH ONE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VD () Delete
Name: HERZOG, FREDERICK J
Address: 140 SUITE B, NORTH ONE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: TD () Delete
Name: MILLARD, ALEC
Address: 140 SUITE B, NORTH ONE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCUMBER, GARY M
Address: 1280-B N. PONCE DE LEON BLVD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VD (X) Change () Addition
Name: HERZOG, FREDERICK J
Address: 1280-B N. PONCE DE LEON BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TD (X) Change () Addition
Name: MILLARD, ALEC
Address: 1280-B N. PONCE DE LEON BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY M. MCCUMBER

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date