## ~~2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2007 08:00 AN Secretary of State

ANNUAL REPORT			Secretary of Sta		
DOCUMENT # P9200001  1. Entity Name THE COLONY AT PONTE VEDRA			Se	cretary of Sta	
Principal Place of Business 10161 CENTURION PARKWAY NORTH SUITE 150 JACKSONVILLE, FL 32256	Mailing Address 1016† CENTURION PARKWAY SUITE 150 JACKSONVILLE, FL 32256	NORTH			
DO NOT WRITE IN THIS SPA		04102007 No Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent  DUSS, JOHN S IV, ESQ 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257			_	NOT WR	
The above named entity submits this statement the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered age.		red office or regista od Agent signature requirer	<del>.</del>	kh, in the State of Florid	a. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550	Section Campaign Fina     Trust Fund Contribution.		.00 May Be led to Fees		
10OFFICERS AN  INTLE NAME STREET ADDRESS   DO SISK, JOHN K STREET ADDRESS   TOTAL   STREET ADDRESS   STREET ADDRESS   CITY- ST-ZIP   UTLE NAME STREET ADDRESS   CITY- ST-ZIP   TITLE NAME STREET ADDRESS   CITY- ST-ZIP   TITLE NAME STREET ADDRESS   CITY- ST-ZIP   TITLE NAME STREET ADDRESS   CITY- ST-ZIP				U0000007 05/10/07-8 NOT WE	80062-015 150.00 RITE
NAME STORES ANOBESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 activess, with all other like empowered:

SIGNATURE:

CITY-ST-ZIP

IITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LAURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

726/64 (904)620-0994

Daytime Phone #

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