FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -6 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014827 (7)

1. Corporation Name
PONTE VEDRA GOLF VACATIONS, INC.

Principal Place of Business
PO BOX 1990
PONTE VEDRA BEACH FL 32004-1990

Mailing Address
PO BOX 1990
PONTE VEDRA BEACH FL 32004-1990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Same
2a. Mailing Address: Same

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report:
4. FEI Number: 59-3232198 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.012 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LANZA, PHIL
171 BERMUDA COURT
PONTE VEDRA BEACH FL 32082

Same

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (Phil Lanza) 6-29-95

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Phil Lanza
STREET ADDRESS	3547 Trident CT
CITY-ST-ZIP	Jacksonville Bch. FL 32250

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (Phil Lanza) President 6-29-95 904-246-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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