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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000089451 (6)

1. Corporation Name

EXCLUSIVES AT PONTE VEDRA, INC.



Principal Place of Business

12187 BEACH BLVD.  
JACKSONVILLE FL 32246

Mailing Address

12187 BEACH BLVD.  
JACKSONVILLE FL 32246

3. Date Incorporated or Qualified  
12/08/1994

3a. Date of Last Report  
11/01/1995

2. Principal Place of Business

2a. Mailing Address

21 #211

26 330 AIA North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ponte Vedra Beach, FL #211

28 Ponte Vedra Beach, FL

City & State

City & State

23 Florida

29 Ponte Vedra Beach, FL

Zip

Zip

24 32082

30 St. Johns

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, MARY A  
12187 BEACH BLVD.  
JACKSONVILLE FL 32246

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

Mary Ann Davis

3/15/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME DAVIS, MARY A  
STREET ADDRESS ROUTE 3, BOX 562  
CITY-ST-ZIP HILLIARD FL 32046

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 27 Fisherman's Cove

1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE D ☐ DELETE

NAME DAVIS, ELLERY SR.  
STREET ADDRESS ROUTE 3, BOX 562  
CITY-ST-ZIP HILLIARD FL 32046

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 27 Fisherman's Cove

2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mary Ann Davis

3/15/96 (304) 285-9055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)