Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90079 022 ***150.00

, ILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000089451

EXCLUSIVES AT PONTE VEDRA, INC.

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Principal Place	e of Business	Mailing Address				T (08)108) ((0)6)((4)8() PE() (48() PE()	16114 18111 GIES	
330 A1A NORTH 330 A1A NORTH								
#211 #211						DO NOT WRITE IN THIS	SDACE	
PONTC VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082						3. Date Incorporated or Qualifed	SFACE	
US		US				12/08/1994		
. 6.5.3.10	In a of Business	2a. Mailing Address				12/00/1994 4. FEI Number	TT_{Δ}	pplied For
						59-3269522	——————————————————————————————————————	ot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #								Additional
22 Suite, Apr.	#, etc.	27 27	27			5. Certificate of Status Desired		Required
City & Stat	e	City & State	City & State			6. Election Campaign Financing	•	May Be
23	te	28				Trust Fund Contribution	Added	to Fees
Zip	´ = Country	Zip	Cou	ntry		This corporation owes the current year Inf		<u></u>
24	25 29 30		, district tropolity that			No		
	9. Name and Address of Current	t Registered Agent	***	-	T	10. Name and Address of New Registered	Agent	
DAV4	C MADY ANN			81	Name			
DAVIS, MARY ANN				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
330 A1A NORTH								
211				83				1
PONTE VEDRA FL 32082				84	City		85 Zip	Code
					1	FL	. . `	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change with the solutions of, Section 607.0505	ras authorized i, Florida State	ites	tne corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint d when reinstating)	ntment as re	egistered
40	Signature, typed or printed name of registered agen		13.	Agen	it signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12
12. TITLE				n F		ADDITIONS/OFFARIBLE TO OFF TOLING AN	Change	Addition
				1.2 NAME			_ ,	_
NAME					ADDRESS			
STREET ADDRESS					1			}
CITY-ST-ZIP			1.4 Cl		1-219		Change	Addition
TITLE								
NAME	DAVIS, ELLERY SR.							
STREET ADDRESS	77 (1411-111111111111111111111111111111111				TADDRESS			
CITY-ST-ZIP			2.40		ST-ZIP		Change	Addition
TITLE						•	□ onango	
NAME			32 NA					
STREET ADDRESS	I ·		I .	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				
CITY-ST-ZIP				ST-ZIP		Change	Addition	
TITLE		LJ DELET						L AQUION
NAME			4. 2 N					
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP			4.4 CI		T-ZIP			- Addition
TITLE		☐ DELET					☐ Change	Addition
NAME			5.2 NA					
STREET ADDRESS					TADDRESS			j
CITY ST 7ID			5.4 Cf	TY-S	T-ZIP	i e		1

14. 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 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition