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 MAY -1 PM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S60685** **(2)**

1. Corporation Name
PONTE VEDRA POINTE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4000 ST JOHNS AVE STE 26 JACKSONVILLE FL 32205 US	4000 ST JOHNS AVE STE 26 JACKSONVILLE FL 32205 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21: 8081 Phillips Highway	2a. Mailing Address 26: 8081 Phillips Highway
Suite, Apt. #, etc. 22: Suite 12	Suite, Apt. #, etc. 27: Suite 12
City & State 23: Jacksonville, FL	City & State 28: Jacksonville, FL
Zip 24: 32256 Country 25: Duval	Zip 29: 32256 Country 30: Duval

4. FEI Number: 59-3080642 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIMON, BERT C 1660 PRUDENTIAL DR SUITE 203 JACKSONVILLE FL 32207	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 _____ (If changing Registered Agent, Signature of New Registered Agent required) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP		☐ Change ☐ Addition
NAME	MORRIS, SHELDON		
STREET ADDRESS	3991 ST JOHNS AVE	9210 Cypress Green Dr.	
CITY ST ZIP	JACKSONVILLE FL	Jacksonville, FL 32256	
TITLE	VAS		☐ Change ☐ Addition
NAME	WEED, III, JOSEPH D		
STREET ADDRESS	4000 ST JOHNS AVE #26	8081 Phillips Hwy. Suite 12	
CITY ST ZIP	JACKSONVILLE FL	Jacksonville, FL 32256	
TITLE	VPA		☐ Change ☐ Addition
NAME	WEED, J D JR		
STREET ADDRESS	4000 ST JOHNS AVE #26		
CITY ST ZIP	JACKSONVILLE FL		
TITLE	VPST		☐ Change ☐ Addition
NAME	JORDAN, MARY I		
STREET ADDRESS	4000 ST JOHNS AVE #26	8081 Phillips Hwy. Suite 12	
CITY ST ZIP	JACKSONVILLE FL	Jacksonville, FL 32256	
TITLE	AS		☐ Change ☐ Addition
NAME	SIMON, BERT C		
STREET ADDRESS	1660 PRUDENTIAL DR #203		
CITY ST ZIP	JACKSONVILLE FL		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			

14. I do hereby certify that the information supplied with this filing is absolutely true and correct (not quibbly for the purposes stated in Section 119.07(6)(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 added to the report with an address.

SIGNATURE: Mary I. Jordan — 4-27-95 — 904 737-1280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014787 CF