

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT STATE Sandra B. Moyn Secretary of S DIVISION OF CORPORATIONS
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DOCUMENT # **S60685** (2)

1. Corporation Name
PONTE VEDRA POINTE ASSOCIATES, INC.



Principal Place of Business 8081 PHILLIPS HIGHWAY SUITE 12-17 JACKSONVILLE FL 32205 US	Mailing Address 8081 PHILLIPS HIGHWAY SUITE 12-17 JACKSONVILLE FL 32256-7444 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. #17 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. #17 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/18/1991	3a. Date of Last Report 04/29/1996
4. FEI Number 59-3080642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SIMON, BERT C 1660 PRUDENTIAL DR SUITE 203 JACKSONVILLE FL 32207	
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	MORRIS, SHELDON
STREET ADDRESS	4196 HERSCHEL STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VAS <input type="checkbox"/> DELETE
NAME	WEED, III, JOSEPH D
STREET ADDRESS	8081 PHILLIPS HWY., SUITE 12-17
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VPA <input type="checkbox"/> DELETE
NAME	WEED, J D JR
STREET ADDRESS	4000 ST JOHNS AVE #26
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VPST <input type="checkbox"/> DELETE
NAME	JORDAN, MARY I
STREET ADDRESS	8081 PHILLIPS HWY., SUITE 12-17
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	SIMON, BERT C
STREET ADDRESS	1660 PRUDENTIAL DR #203
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:  DATE: **4-14-97 (904) 737-1280**

CR2E034 (9/96)