

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 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 17 JACKSONVILLE FL 32205 US	Mailing Address 8081 PHILLIPS HIGHWAY 17 JACKSONVILLE FL 32256 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1991	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3080642	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMON, BERT C  
1680 PRUDENTIAL DR  
SUITE 203  
JACKSONVILLE FL 32207

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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	DP	11 TITLE	
NAME	MORRIS, SHELDON	12 NAME	
STREET ADDRESS	4188 HERSCHEL STREET	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	VAS	21 TITLE	
NAME	WEED, M. JOSEPH D	22 NAME	
STREET ADDRESS	8081 PHILLIPS HWY #17	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	VPA	31 TITLE	
NAME	WEED, J D JR	32 NAME	
STREET ADDRESS	4000 ST JOHNS AVE #28	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	VPST	41 TITLE	
NAME	JORDAN, MARY I	42 NAME	
STREET ADDRESS	8081 PHILLIPS HWY #17	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	
NAME	SIMON, BERT C	52 NAME	
STREET ADDRESS	1680 PRUDENTIAL DR #203	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 any attachment with an address

SIGNATURE: *M. I. Jordan* M. I. JORDAN 2/5/98 904-737-1280

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