

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # S60685

1. Entity Name
PONTE VEDRA POINTE ASSOCIATES, INC.



Principal Place of Business
**8130 BAYMEADOWS CIR. W. #107
JACKSONVILLE, FL 32256 US**

Mailing Address
**8130 BAYMEADOWS CIR. W. #107
17
JACKSONVILLE, FL 32256 US**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3080642 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIMON, BERT C
1660 PRUDENTIAL DR
SUITE 203
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MORRIS, SHELDON
STREET ADDRESS	6975 OLD CHURCH RD
CITY-STATE-ZIP	GREEN COVE SPRINGS, FL
TITLE	VAS
NAME	WEED, III, JOSEPH D
STREET ADDRESS	8081 PHILLIPS HWY #17
CITY-STATE-ZIP	JACKSONVILLE, FL
TITLE	VPA
NAME	WEED, J D JR
STREET ADDRESS	4000 ST JOHNS AVE #26
CITY-STATE-ZIP	JACKSONVILLE, FL
TITLE	VPST
NAME	JORDAN, MARY I
STREET ADDRESS	8081 PHILLIPS HWY #17
CITY-STATE-ZIP	JACKSONVILLE, FL
TITLE	AS
NAME	SIMON, BERT C
STREET ADDRESS	1660 PRUDENTIAL DR #203
CITY-STATE-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000529341
05/05/06-80072-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

904-737-1280

Daytime Phone #