


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90030 039 ***150.00

DOCUMENT # S60685 1. Entity Name PONTE VEDRA POINTE ASSOCIATES, INC.	
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Principal Place of Business 8130 BAYMEADOWS CIR. W. #107 JACKSONVILLE, FL 32256 US	Mailing Address 8130 BAYMEADOWS CIR. W. #107 STE. 107 JACKSONVILLE, FL 32256 US
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90103716



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3080642	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, SHELDON 6975 OLD CHURCH RD GREEN COVE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS WEED, III, JOSEPH D 8130 BAYMEADOWS CIR, W #107 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA WEED, LD JR 8130 BAYMEADOWS CIR, W #107 JACKSONVILLE, FL 32256 Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST JORDAN, MARY I 8130 BAYMEADOWS CIR, W #107 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIMON, BERT C 1660 PRUDENTIAL DR #203 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: X 4/18/08 904-737-1280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #