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 MAR -8 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S62299** **(0)**

1. Corporation Name

OLD PONTE VEDRA BEACH PHASE V, INC.

Principal Place of Business	Mailing Address
ONE INDEPENDENT LIFE DR. SUITE 3000 JACKSONVILLE FL 32202	POST OFFICE BOX 59 JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1991	3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3073226	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MICKLER, ROBERT O
3000 INDEPENDENT LIFE BUILDING
ONE INDEPENDENT LIFE DR.
JACKSONVILLE FL 32202

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KONIGSBURG, DAVID	1.2 NAME	
STREET ADDRESS	184 SEA HAMMOCK WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BERGER, GREGORY	2.2 NAME	
STREET ADDRESS	177 SEA HAMMOCK WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	OTROK, MICHAEL J	3.2 NAME	
STREET ADDRESS	182 SEA HAMMOCK WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, ROGERS B	4.2 NAME	
STREET ADDRESS	1253 SOUTHSHORE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	JENNINGS, S. BRYAN JR.	5.2 NAME	
STREET ADDRESS	107 RIVER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	LITT, MURIEL	6.2 NAME	
STREET ADDRESS	174 SEA HAMMOCK WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 trustor 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: _____ 3/2/95 904-285-3821
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0022170 CP