2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
03-23-2001 90035 017 ****61.25

DOCUMENT # 758458

1. Entity Name

THE PONTE VEDRA BREAKERS SOUTH CONDOMINIUM ASSOC

Principal Place of Business	Mailing Address
2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044	2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2210098 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PONTE VEDRA CLUB REALTY INC. 280 PONTE VEDRA BLVD 280 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	Name: HART, JAMES W. JR. Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT, INC. 2180 W SR 434 STE 5000 City: LONGWOOD **FL** Zip Code: 32779-5044

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.

SIGNATURE _____ 1/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUDDY ALDREDGE 5330 N. POWERS FERRY ROAD NW ATLANTA GA	☐ Delete	ALDREDGE, BUDDY	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FRANK ROBINSON 1462 LEFLEUR CIRCLE MEMPHIS TN	XX Delete	STD WYPYSKI, STACY 140 E CHAMBORD DR ATLANTA, GA 30327	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NACHMAN, MARTHA 3261 THOMAS AVE MONTGOMERY AL 36106	☐ Delete	D JENKINS, FORREST "JOE" 208 ALTA VISTA MARION, AR 72364	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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 617, 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.

(334)

SIGNATURE: SIGNATURE REQUIRED Martha E. Nachman 2-21-01 263-0197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #