

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 758458**

1. Entity Name

THE PONTE VEDRA BREAKERS SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MARVIN REAL ESTATE
P.O. BOX 330507
ATLANTIC BEACH FL 32233-0507C/O MARVIN REAL ESTATE
P.O. BOX 330507
ATLANTIC BEACH FL 32233-0507

2. Principal Place of Business

Marvin Real Estate

3. Mailing Address

Marvin Real Estate

Suite, Apt. #, etc.

1835 N. 3rd St.

Suite, Apt. #, etc.

P.O. Box 330026

City & State

Jax Beach FL

City & State

Atlantic Beach FL

Zip

32250

Country

USA

Zip

32233

Country

USA

6. Name and Address of Current Registered Agent

MARVIN, SONIA M
MARVIN REAL ESTATE MANAGEMENT AND SALES
1835 N. 3RD ST.
JACKSONVILLE BEACH FL 32250

4. FEI Number 59-2210098

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
VD
ALDREDGE, BUDDY
5330 N. POWERS FERRY ROAD NW
ATLANTA GATITLE ☒ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
STD
WYPYSKI, STACY
140 E CHAMBORD DR
ATLANTA GA 30327TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
D
JENKINS, FORREST "JOE"
208 ALTA VISTA
MARION AR 72364TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
PD
NACHMAN, MARTHA
3261 THOMAS AVE
MONTGOMERY AL 36106TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP
PD
Jenkins, Forrest "Joe"
208 Alta Vista
Marion, AR 72364TITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP
VD
Nachman, Martha
3261 Thomas Ave.
Montgomery AL 36106TITLE ☐ Change ☒ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP
ISD
Barnett, Bill
415 Tavern Circle
Atlanta GA 30350TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CH2E037 (9/01)