2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90659 023 ****61.25

DOCUMENT # 758458

1. Entity Name
THE PONTE VEDRA BREAKERS SOUTH CONDOMINIUM ASSOCIATION, INC.

94080823

Principal Place of Business	Mailing Address
C/O MARVIN REAL ESTATE 1835 N 3RD ST. JACKSONVILLE BEACH, FL 33250	C/O MARVIN REAL ESTATE P.O. BOX 330026 ATLANTIC BEACH, FL 32233-0507

2. Principal Place of Business

Association Management
of Ponte Vedra, Inc.
3103 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

Association Management
of Ponte Vedra, Inc.
3103 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

02132004 Chg-NP CR2E037 (10/03)

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
MARVIN, SONIA M MARVIN REAL ESTATE MANAGEMENT AND SALES 1835 N. 3RD ST. JACKSONVILLE BEACH, FL 32250	Name C.R. CONNOLLY Str Association Management of Ponte Vedra, Inc. Cit 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered off I am familiar with, and accept the obligations of registered agent.

SIGNATURE C.R. Connolly C.R. CONNOLLY 4-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JENKINS, FORREST "JOE" 208 ALTA VISTA MARION, AR 72364	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NACHMAN, MARTHA 3261 THOMAS AVE MONTGOMERY, AL 36106	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD BARNETT, BLU 415 TAVERN CIRCLE ATLANTA, GA 30350	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD Wypyski, Stacey 140 E. Chambord Drive Atlanta, GA 30327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #