

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758957 (5)

1. Corporation Name

PONTE VEDRA RETREAT II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**10036 SAWGRASS DRIVE
P.O. DRAWER 1159
PONTE VEDRA BEACH FL 32004-8159**

**10036 SAWGRASS DRIVE
P.O. DRAWER 1159
PONTE VEDRA BEACH FL 32004-8159**

3. Date Incorporated or Qualified

06/29/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUNCH DONALD
FOUR SEASONS MANAGEMENT
10036 SAWGRASS DR #3
PONTE VEDRA BEACH FL 32082**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and town of agent's office.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VB--	<input type="checkbox"/> DELETE
NAME	BRENNAN JEAN	
STREET ADDRESS	6570 PONTE VEDRA BLVD	
CITY-STATE-ZIP	PONT VEDRA BCH. FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHULMAN, STANLEY	
STREET ADDRESS	P.O. BOX 2825 N/A	
CITY-STATE-ZIP	PONTE VEDRA BEACH FL	
TITLE	D--	<input type="checkbox"/> DELETE
NAME	ALLEN, PAMELA	
STREET ADDRESS	1844 CHRISTOPHER PT RD.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	B--	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON GALVIN	
STREET ADDRESS	1820 BARRS ST STE 510	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	ST--	<input type="checkbox"/> DELETE
NAME	DAY JOHN	
STREET ADDRESS	663A PONTE VEDRA BLVD	
CITY-STATE-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKLAND, DAVID	
STREET ADDRESS	5304 WESTPORT ROAD	
CITY-STATE-ZIP	CHEVY CHASE MD	

1.1 TITLE	Vice President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Secretary/Treasurer, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(k), 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)