

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90004 014 \*\*\*\*61.25

**DOCUMENT # 758957**

1. Entity Name

**PONTE VEDRA RETREAT II CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2180 W SR 434  
 STE 5000  
 LONGWOOD FL 32779

2180 W SR 434  
 STE 5000  
 LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2579549**

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

**HART, JAMES W. JR**  
**SENTRY MANAGEMENT INC.**  
**2180 W SR 434 STE 5000**  
**LONGWOOD FL 32779-5044**

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

**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 ☐ Delete  
 NAME **PD BRENNAN JEAN**  
 STREET ADDRESS **657D PONTE VEDRA BLVD**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☒ Change ☐ Addition  
 NAME **SD Simpson, Susan**  
 STREET ADDRESS **17 West Andrews Drive**  
 CITY-ST-ZIP **Atlanta GA 30305**

TITLE ☐ Delete  
 NAME **VD PARKS, HOWARD**  
 STREET ADDRESS **657-B. PONCE VEDRA BLVD**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☒ Change ☒ Addition  
 NAME **TD Laska, Darlene**  
 STREET ADDRESS **659C Ponte Vedra Blvd**  
 CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE ☒ Delete  
 NAME **D KIRKLAND, DAVID**  
 STREET ADDRESS **16 RIO VISTA DRIVE**  
 CITY-ST-ZIP **SAINT CHARLES MO 63303**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D HARDIN, CAROLYN**  
 STREET ADDRESS **870. BERSHIRE ROAD N E**  
 CITY-ST-ZIP **ATLANTA GA 30324**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D SIMPSON, SUSAN**  
 STREET ADDRESS **17. WEST ANDEWS DRIVE**  
 CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*Margaret Brennan* **Jean Brennan**

**3/31-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)