

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90106 038 ****61.25

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DOCUMENT # 758957 1. Entity Name PONTE VEDRA RETREAT II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % 2892 BAY RIDGE ANN ARBOR, FL 48103			Mailing Address % 2892 BAY RIDGE ANN ARBOR, FL 48103		
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 59-2579549	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARVIN, SONIA MARVIN REAL ESTATE 1835 NORTH THIRD STREET JACKSONVILLE BEACH, FL 32250				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, WILLIAM		NAME	Donna Kring	
STREET ADDRESS	2892 BAY RIDGE		STREET ADDRESS	659-A Ponte Vedra Blvd.	
CITY-ST-ZIP	ANN ARBOR, MI 48103		CITY-ST-ZIP	Ponte Vedra Bch, FL 32082	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, HOWARD		NAME	Jean Brennan	
STREET ADDRESS	657-B PONCE VEDRA BLVD		STREET ADDRESS	657-D Ponte Vedra Blvd.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Bch, FL 32082	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASKA, DARLENE		NAME	Susan Simpson	
STREET ADDRESS	659 C PONTE VEDRA BLVD		STREET ADDRESS	17 West Andrews Drive	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Atlanta, GA 30305	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDIN, CAROLYN		NAME		
STREET ADDRESS	870 BERSHIRE ROAD N E		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30324		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, DAVID		NAME		
STREET ADDRESS	17 WEST ANDREWS DR.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30305		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Darlene Laska, President</i>			4/21/05 904.280.4734		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		