

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90049 041 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 Marvin Real Estate Suite, Apt. #, etc. 1835 N 3rd Street		3. Mailing Address Marvin Real Estate Suite, Apt. #, etc. P O Box 330026																																																																																																																																							
City & State Jacksonville Beach, FL		City & State Atlantic Beach, FL		4. FEI Number 59-2579549																																																																																																																																					
Zip 32250		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent MARVIN, SONIA MARVIN REAL ESTATE 1835 NORTH THIRD STREET JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent 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 <u><i>Sonia Marvin</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-3-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2006		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																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>KLING, DONNA</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>659-A PONTE VEDRA BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>PARKS, HOWARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>657-B PONCE VEDRA BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>LASKA, DARLENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>659 C PONTE VEDRA BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>BRENNAN, JEAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>657-0 PONTE VEDRA BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SIMPSON, SUSAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17 WEST ANDREWS DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ATLANTA, GA 30305</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>D Kling, Donna</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>659-A Ponte Vedra Blvd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ponte Vedra Beach, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Parks, Howard</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>657-B Ponte Vedra Blvd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ponte Vedra Beach FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Brennan, Jean</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>657-D Ponte Vedra Blvd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ponte Vedra Beach, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	KLING, DONNA	<input checked="" type="checkbox"/>	STREET ADDRESS	659-A PONTE VEDRA BLVD.		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		TITLE	D	<input checked="" type="checkbox"/>	NAME	PARKS, HOWARD		STREET ADDRESS	657-B PONCE VEDRA BLVD		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		TITLE	PD	<input type="checkbox"/>	NAME	LASKA, DARLENE		STREET ADDRESS	659 C PONTE VEDRA BLVD		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		TITLE	TD	<input checked="" type="checkbox"/>	NAME	BRENNAN, JEAN		STREET ADDRESS	657-0 PONTE VEDRA BLVD.		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		TITLE	D	<input checked="" type="checkbox"/>	NAME	SIMPSON, SUSAN		STREET ADDRESS	17 WEST ANDREWS DRIVE		CITY-ST-ZIP	ATLANTA, GA 30305		TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME	D Kling, Donna	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	659-A Ponte Vedra Blvd		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		TITLE	TD	<input checked="" type="checkbox"/> <input type="checkbox"/>	NAME	Parks, Howard		STREET ADDRESS	657-B Ponte Vedra Blvd		CITY-ST-ZIP	Ponte Vedra Beach FL 32082		TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	SD	<input checked="" type="checkbox"/> <input type="checkbox"/>	NAME	Brennan, Jean		STREET ADDRESS	657-D Ponte Vedra Blvd		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																																																																																																																																							
NAME	KLING, DONNA	<input checked="" type="checkbox"/>																																																																																																																																							
STREET ADDRESS	659-A PONTE VEDRA BLVD.																																																																																																																																								
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082																																																																																																																																								
TITLE	D	<input checked="" type="checkbox"/>																																																																																																																																							
NAME	PARKS, HOWARD																																																																																																																																								
STREET ADDRESS	657-B PONCE VEDRA BLVD																																																																																																																																								
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082																																																																																																																																								
TITLE	PD	<input type="checkbox"/>																																																																																																																																							
NAME	LASKA, DARLENE																																																																																																																																								
STREET ADDRESS	659 C PONTE VEDRA BLVD																																																																																																																																								
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082																																																																																																																																								
TITLE	TD	<input checked="" type="checkbox"/>																																																																																																																																							
NAME	BRENNAN, JEAN																																																																																																																																								
STREET ADDRESS	657-0 PONTE VEDRA BLVD.																																																																																																																																								
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082																																																																																																																																								
TITLE	D	<input checked="" type="checkbox"/>																																																																																																																																							
NAME	SIMPSON, SUSAN																																																																																																																																								
STREET ADDRESS	17 WEST ANDREWS DRIVE																																																																																																																																								
CITY-ST-ZIP	ATLANTA, GA 30305																																																																																																																																								
TITLE		<input type="checkbox"/>																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE	NAME	Change Addition																																																																																																																																							
NAME	D Kling, Donna	<input checked="" type="checkbox"/> <input type="checkbox"/>																																																																																																																																							
STREET ADDRESS	659-A Ponte Vedra Blvd																																																																																																																																								
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082																																																																																																																																								
TITLE	TD	<input checked="" type="checkbox"/> <input type="checkbox"/>																																																																																																																																							
NAME	Parks, Howard																																																																																																																																								
STREET ADDRESS	657-B Ponte Vedra Blvd																																																																																																																																								
CITY-ST-ZIP	Ponte Vedra Beach FL 32082																																																																																																																																								
TITLE		<input type="checkbox"/> <input type="checkbox"/>																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE	SD	<input checked="" type="checkbox"/> <input type="checkbox"/>																																																																																																																																							
NAME	Brennan, Jean																																																																																																																																								
STREET ADDRESS	657-D Ponte Vedra Blvd																																																																																																																																								
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082																																																																																																																																								
TITLE		<input type="checkbox"/> <input type="checkbox"/>																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Jessa Clark agent</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3/3/06</u> Daytime Phone # <u>904-249-8559</u>																																																																																																																																					

50004284



03022006 Chg-NP CR2E037 (11/05)