

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N01387 (2)**

1. Corporation Name

**OCEAN MANOR AT PONTE VEDRA CONDOMINIUM ASSOCIATION, INC. FL**



Principal Place of Business	Mailing Address
% PONTE VEDRA CLUB REALTY, INC. 280 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082	% PONTE VEDRA CLUB REALTY, INC. 280 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified <b>02/10/1984</b>	3a. Date of Last Report <b>04/10/1995</b>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number <b>59-2551074</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EDWARDS, EILENE 131C 280 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082				81. Name	Ponte Vedra Club Realty Inc c/o Eilene Edwards		
				82. Street Address (P.O. Box Number is Not Acceptable)	280 Ponte Vedra Blvd		
				83. City	Ponte Vedra Beach		
				84. State	FL	85. Zip Code	32082

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DR. Albert Wilkinson	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	300001798273 -04/29/96--01036--001 ***61.25
NAME	O'NEAL, DOUGLAS T		1.2 NAME	695-A Ponte Vedra Blvd #101			
STREET ADDRESS	9080 MARSH VIEW CT		1.3 STREET ADDRESS	Ponte Vedra Beach, Fl. 32082			D DR. David Wells 1320 Lakewood Road Jacksonville, Fl. 32207
CITY-ST-ZIP	PONTE VERDE BCH FL		1.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	D DR. Jim Staman 2639 Oak Street Jacksonville, Fl. 32204
NAME	WALKER, BILLY J		2.2 NAME				
STREET ADDRESS	3930 ALHAMBRA DR W		2.3 STREET ADDRESS				4.26 - add JR
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SALEM, ED		3.2 NAME				
STREET ADDRESS	7002 EPPING FOREST TERR		3.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MAHONEY, JIM		4.2 NAME				
STREET ADDRESS	6367 WISPERING OAKS DR N		4.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BRITT, BILLY		5.2 NAME				
STREET ADDRESS	320 CHEROKEE ROAD		5.3 STREET ADDRESS				
CITY-ST-ZIP	THOMASTON GA		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-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)(b), 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: James Mahoney 4-2-96 (904) 744-0581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #

CR2E037 (12/95)