

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N01387 (2)
1. Corporation Name
OCEAN MANOR AT PONTE VEDRA CONDOMINIUM ASSOCIATION, INC.



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

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/10/1984 | |
| 4. FEI Number 59-2551074 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. | 22. Mailing Address Suite, Apt. #, etc. |
| 23. City & State | 24. City & State |
| 25. Zip Country | 26. Zip Country |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**EDWARDS, EILENE
131C
280 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

| | |
|---|-----------------------------|
| 81 Name PONTE VEDRA CLUB REALTY, INC. | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 280 Ponte Vedra Blvd. | |
| 83 | |
| 84 City Ponte Vedra Beach, 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 Carole A. Martin **Carole A. Martin, Property Manager 4-28-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | WILKINSON, ALBERT DR |
| STREET ADDRESS | 695 A PONTE VEDRA BLVD. #101 |
| CITY-ST-ZIP | PONTE VEDRA BCH. FL |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | SALEM, EDWARDS |
| STREET ADDRESS | 7002 EPPING FOREST TERRACE |
| CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WELLS, DAVID DR |
| STREET ADDRESS | 1320 LAKEWOOD RD. |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | HAMILTON, JEAN |
| STREET ADDRESS | 695 PONTE VEDRA BLVD |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | STAMAN, JIM DR |
| STREET ADDRESS | 2839 OAK ST. |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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: Albert Wilkinson **Albert Wilkinson, President 4-27-98 9042858342**

CR2E037 (10/97)