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**Feb 27, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N01387

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



2. Principal Place of Business

21 c/o Brownstone Properties INC

2a. Mailing Address

26 266 SOLANA Rd

3. Date Incorporated or Qualified

02/10/1984

Suite, Apt. #, etc.

22 266 SOLANA Rd

Suite, Apt. #, etc.

27

4. FEI Number

59-2551074

Applied For

Not Applicable

City & State

23 Ponte Vedra Bch, FL

City & State

28 Ponte Vedra Bch FL.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 32082 25 USA

Zip Country

29 32082 30 USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PONTE VEDRA CLUB REALTY INC.  
 280 PONTE VEDRA BLVD  
 PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name Brownstone Properties, Inc  
 82 Street Address (P.O. Box Number is Not Acceptable) 266 SOLANA Rd  
 83  
 84 City Ponte Vedra Bch FL 85 Zip Code 32092

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

*Cilene L. Edwards President*

1/17/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	2639 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, with all other like empowered.

SIGNATURE:

*Albert Dr. Wilkinson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99 904-285-8342  
 Date Daytime Phone #

CR2E037 (1/198)