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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		2a. Mailing Address		3. Date Incorporated or Qualified	
21. c/o Brownstone Properties INC		26. 266 SOLANA Rd		02/10/1984	
22. 266 SOLANA Rd		27.		4. FEI Number	
23. Ponte Vedra Bch, FL		28. Ponte Vedra Bch FL.		59-2551074	
24. 32082 25. USA		29. 32082 30. USA		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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PONTE VEDRA CLUB REALTY INC. 280 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082				81. Name BROWNSTONE PROPERTIES, INC			
				82. Street Address (P.O. Box Number is Not Acceptable) 266 SOLANA Rd			
				83.			
				84. City PONTEVEDRA 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, ALBERT DR	1.2 NAME	
STREET ADDRESS	695 A PONTE VEDRA BLVD. #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA Bch. FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALEM, EDWARDS	2.2 NAME	
STREET ADDRESS	7002 EPPING FOREST TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, DAVID DR	3.2 NAME	
STREET ADDRESS	1320 LAKEWOOD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, JEAN	4.2 NAME	
STREET ADDRESS	695 PONTE VEDRA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMAN, JIM DR	5.2 NAME	
STREET ADDRESS	2639 OAK ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	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 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 1/24/99 904-285-8342  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)