

2000 UNIFORM BUSINESS REPORT (UBR)

5/30/

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-30-2000 90055 019 ****61.25

DOCUMENT # N01387

1. Entity Name

OCEAN MANOR AT PONTE VEDRA CONDOMINIUM ASSOCIATI

R

Principal Place of Business

Mailing Address

C/O BROWNSTONE PROPERTIES INC
 266 SOLANA RD
 PONTE VEDRA BEACH FL 32082
 US

C/O BROWNSTONE PROPERTIES INC
 266 SOLANA RD
 PONTE VEDRA BEACH FL 32082-2297
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2551074

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWNSTONE PROPERTIES INC
 266 SOLANA RD
 PONTE VEDRA BEACH FL 32082

Map
 Ponte Vedra Beach Realty Inc
 Street Address (P.O. Box Number is Not Acceptable)
 270 Solana Rd

City *Ponte Vedra Beach FL* Zip Code *32082*

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.

SIGNATURE *Alan Brown, CAM*

5/11/20

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME WILKINSON, ALBERT DR
 STREET ADDRESS 695 A PONTE VEDRA BLVD. #101
 CITY-ST-ZIP PONTE VEDRA BCH. FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SALEM, EDWARDS
 STREET ADDRESS 7002 EPPING FOREST TERRACE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE Change Addition
 NAME *Treasurer*
 STREET ADDRESS *Bill Hamilton*
 CITY-ST-ZIP *695B Ponte Vedra Blvd 103*
Ponte Vedra Bch, FL 32082

TITLE Delete
 NAME WELLS, DAVID DR
 STREET ADDRESS 1320 LAKEWOOD RD.
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME HAMILTON, JEAN
 STREET ADDRESS 695 PONTE VEDRA BLVD
 CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE Change Addition
 NAME *Secretary*
 STREET ADDRESS *Bill Nimnicht*
 CITY-ST-ZIP *9067 Kings Colony Rd*
Jacksonville, FL 32217

TITLE Delete
 NAME STAMAN, JIM DR
 STREET ADDRESS 2639 OAK ST.
 CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *Alan Brown, CAM*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/2000
 Date Daytime Phone #

CR2E037 (9/98)