

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90005 001 ****61.25

DOCUMENT # N02342

1. Entity Name

THE PONTE VEDRA COMMUNITY ASSOCIATION, INC.



Principal Place of Business

880 N A1A #19
19
PONTE VEDRA BEACH FL 32082

Mailing Address

PO BOX 517
PONTE VEDRA BEACH FL 32004
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number

59-2362728

Applied For

Not Applicable

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

SPENCE, MARY AMES
880 N A1A #19
PONTE VEDRA BEACH FL 32082

Name

MAXWELL, ELEANOR

Street Address (P.O. Box Number is Not Acceptable)

3930 DUVAL DR.

City

JACKSONVILLE BEACH

FL

Zip Code

32250

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Eleanor Maxwell

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
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCALLUM, ALISON 211 SAN JUAN DRIVE PONTE VEDRA BEACH FL 32082	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPENCE, MARY AMES 339 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOESING, CARL A 12 LA VISTA DR. PONTE VEDRA BEACH FL 32082	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAN VLECK, JOAN 409 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISAAC, MARNELLE 331 SAN JUAN DR. PONTE VEDRA BEACH, FL 32082	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAXWELL, ELEANOR 3930 DUVAL DR. JACKSONVILLE BEACH, FL 32250	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWANSON, DAVID 337 SAN JUAN DR. PONTE VEDRA BEACH, FL 32082	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELLIS, TIM 332 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 or other like empowered.

SIGNATURE:

David W. Swanson DAVID W. SWANSON

7/27/04

904-273-4882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #