FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N06362

1. Corporation Name

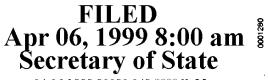
SAWGRASS VILLAGE EXECUTIVE CENTER ASSOCIATION, I NC.

Principal Place of Business

ASSOCIATION MANAGEMENT OF PONTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BCH FL 32082

Mailing Address

ASSOCIATION MANAGEMENT OF PONTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BCH FL 32082



04-06-1999 90090 049 ****61.25



US		US									
2- Principal Place of Business 2a. Mailing Address							3. Date incorporated or Qualifed	_	<u>.</u>		
21		26				_+	11/28/1984	_	1 1	F 45	
Suite, Apt. #, etc. Suite, Apt. #, etc.							4. FEI Number 59-0840473			plied For of Applicable	
22		- 27					3970040473				
City & Stat	e	City & State	¬ '				5. Certificate of Status Desired				
Zip	Country Zip			Country			6. Election Campaign Financing	П	\$5.00	May Be	
24	25 29			30			Trust Fund Contribution	nd Contribution Added to Fees			
	9. Name and Address of Current	Registered Agent				1	0. Name and Address of New	Registered	Agent		
				81	Name						
CONMOLLY C D					82 Street Address (P.O. Box Number is Not Acceptable)						
CONNOLLY, C P					Duest Address (F.O. Box Multiper is Not Acceptable)						
ASSOCIATION OF MGMT OF POINTE VEDRA INC					83						
3103 SAWGRASS VILLAGE CIRCLE									06 71-	Codo	
PONTE VEDRA BCH FL 32082					City			FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida S	tatutes, the a	bove-	named c	orporat	tion submits this statement for the	purpose of	changing its	registered	
office or r	registered agent, or both, in the State 0	t Florida. Such change w	as autnonzet	I DY TI	he corpor	ration's	board of directors. I hereby acce	pt the appoi	ntment as re	gistered	
agent. I a	m familiar with, and accept the obligati	Ons U. Section 617.0503	, monda stati		m			4/1/	99		
SIGNATURE	Signature, typed or printed name of registered agent	and title if emplicable	NOTE: Registered	ויגב		guired who	en reinstating)	DATE	 		
12.	OFFICERS AND		13.			1	ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTO	RS IN 12	
TITLE	PD	DELET	E 1,1 TT	n.e					Change	Addition	
NAME	NEWMAN, GARY	<i>/</i> *	1.2 N	ME							
	8000 SAWGRASS VILLAGE CIRCLE			1.3 STREET ADDRESS							
STREET ADDRESS	\	LE	₹								
CITY-ST-ZIP	VD DELETE			1.4 CITY-ST-ZIP 2.1 TITLE					Change	Addition	
TITLE	VD	*	2.1 N							_	
NAME	SIMPSON, BRYON										
STREET ADDRESS	509 PONTE VEDRA BLVD				ADDRESS		Lagranda de la composição		#		
CITY-ST-ZIP	PONTE VEDRA FL	□ DCI CT		TY-ST		100			Change	Addition	
TITLE	STD	☐ DELET			1	7 6 Z	•		No Cuando		
NAME	LOOK, RICHARD		3.2 N	-							
STREET ADDRESS	4 OCEAN RIDGE CRT		3.3 \$	REET	ADDRESS						
CITY-ST-ZIP	PONTE VEDRA FL			ITY-ST			<u></u>			F-1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
TITLE	SD	☐ DELET	E 4.1 1T	ΠE	5	571	7		Change	Addition	
NAME	BENNER, TIMOTHY S		4.2N	AME.	-				-		
STREET ADDRESS	l		4.3 5	REET	ADDRESS						
CITY-ST-ZIP	PONTE VEDRA FL		4.4 CI	TY-ST-	-ZIP						
TITLE	D	☐ DELET	E 5.1 TI	TLE	T	PD			Change	Addition Addition	
NAME	HORNE, DORIS		5.2 N	ME.						بساحا	
STREET ADDRESS	3301 SAWGRASS VILLAGE CIRC) F	5.3 5	REET	ADDRESS .	500	00 sawgrass	ا دسده	hg CIF	کاب ہے۔	
CITY-ST-ZIP	PONTE VEDRA FL		5.4 C	TY-ST-	-ZIP						
TITLE .	TOTAL VEDIVATE	☐ DELET	E 6.1 T	TLE					☐ Change	Addition	
NAME			6.2 N	ME			•				
			6.3.51	REET	ADDRESS						
STREET ADDRESS]			TY-ST-	- 1						
CITY-ST-ZIP	I		0.4 C	11-01-			1				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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.

SIGNATURÉ: