2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91119 007 ****61.25

DOCUMENT # N06362

1. Entity Name

SAWGRASS VILLAGE EXECUTIVE CENTER ASSOCIATION, I

Principal Place of Business	Mailing Address
ASSOCIATION MGMT. OF PONTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BCH FL 32082 US	ASSOCIATION MGMT. OF PONTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BCH FL 32082 US

U00J0444

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0840473 ☐ 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
CONNOLLY, C P ASSOCIATION OF MGMT OF POINTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BCH FL 32082	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

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 C.P. Connolly, C.P. CONNOLLY, CAM 4-4-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LOOK, RICHARD 4 OCEAN RIDGE CRT PONTE VEDRA FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BENNER, TIMOTHY S 2111 SAWGRASS VILLAGE DR PONTE VEDRA FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOLD, KEITH 6000 C SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 04/07/01 Date — (904) 285-5669 Daytime Phone #