

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90026 039 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N40309**

1. Corporation Name

**HIDDEN OAKS OF PONTE VEDRA ASSOCIATION, INC.**

**POSTED**

Principal Place of Business

C/O 109 OAK VIEW CIRCLE  
PONTE VEDRA BEACH FL 32082

Mailing Address

C/O 109 OAK VIEW CIRCLE  
PONTE VEDRA BEACH FL 32082



2. Principal Place of Business

21 **Four Seasons Management**

Suite, Apt. #, etc. **10036 Sawgrass Dr.**  
P.O. Box **1159** Suite **3**

City & State **Ponte Vedra Beach**

Zip **32082** Country **US**

24 **32082** 25 **US**

2a. Mailing Address

26 **Four Seasons Management, Inc.**

Suite, Apt. #, etc. **10036 Sawgrass Dr. #3**

City & State **Ponte Vedra Beach, FL 32082**

Zip **32082** Country **US**

29 **32082** 30 **US**

3. Date Incorporated or Qualified

**10/11/1990**

4. FEI Number

**59-3171016**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**TRAYNOR, JOHN MICHAEL ESQUIRE**  
**28 CORDOVA STREET**  
**ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name **Four Seasons Mgt**  
82 Street Address (P.O. Box Number is Not Acceptable) **10036 Sawgrass Drive**  
83  
84 City **Ponte Vedra Beach FL** 85 Zip Code **32082**

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 **Donald Munch**  
Signature, typed or printed name of registered agent and title if applicable.

**Donald Munch**  
(NOTE: Registered Agent signature required when reinstating)

DATE **4-29-99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **WULBERN, SHARON D**  
STREET ADDRESS **109 OAK VIEW CIRCLE**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **VPD** ☒ DELETE  
NAME **STEELE, ROBERT**  
STREET ADDRESS **149 OAK VIEW CIRCLE**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **President** ☐ DELETE  
NAME **BOTTKA, CHRISTINE**  
STREET ADDRESS **116 OAK VIEW CIRCLE**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **SD STD** ☐ DELETE  
NAME **CONGRO, CARLA**  
STREET ADDRESS **110 OAK VIEW CIRCLE**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☒ DELETE  
NAME **LEVENE, FRANK**  
STREET ADDRESS **137 OAK VIEW CIRCLE**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **David Ridor**  
1.3 STREET ADDRESS **105 oakview circle**  
1.4 CITY-ST-ZIP **PVB FL 32082**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **marci cornelly**  
2.3 STREET ADDRESS **200 oakview circle**  
2.4 CITY-ST-ZIP **PVB FL 32082**

3.1 TITLE **VPD** ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Kellie Tuber**  
4.3 STREET ADDRESS **138 oakview circle**  
4.4 CITY-ST-ZIP **PVB FL 32082**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: **Christine Bottk**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-99**  
Date

**904-285-1526**  
Daytime Phone #

CR2E037 (5/99)