


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000000945 1. Entity Name COLONY AT PONTE VEDRA VII CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business #76 PONTE VEDRA COLONY CIR PONTE VEDRA BEACH FL 32082 US	Mailing Address #76 PONTE VEDRA COLONY CIR PONTE VEDRA BEACH FL 32082 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent BRAZIS, ERICA #76 PONTE VEDRA COLONY CIR PONTE VEDRA BEACH FL 32082	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 59-3349013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 *Erica Brazis* **ERICA BRAZIS** 2/3/08
Signature (Typed or printed name of registered agent and the filer please. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, ALEX	NAME	U00000817107
STREET ADDRESS	78 PONTE VEDRA COLONY CIRCLE	STREET ADDRESS	02/14/08-80080-017 61.25
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENGARTEN, MICHAEL	NAME	
STREET ADDRESS	795 OAK KNOLL CIR	STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91106	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAZIS, ERICA	NAME	
STREET ADDRESS	76 PONTE VEDRA COLONY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Erica Brazis* **ERICA BRAZIS** 2/3/08