

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 # N95000005272

1. Corporation Name

OLD PONTE VEDRA MARSHSIDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

9471 BAYMEADOWS ROAD
SUITE 403
JACKSONVILLE FL 32256

Mailing Address

9471 BAYMEADOWS ROAD
SUITE 403
JACKSONVILLE FL 32256

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90047 043 ****61.25

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2. Principal Place of Business

21 9471 Baymeadows Road

Suite, Apt. #, etc.

22 404

City & State

23 Jacksonville, FL

Zip Country

24 32256 25 Duval

2a. Mailing Address

26 9471 Baymeadows Road

Suite, Apt. #, etc.

27 404

City & State

28 Jacksonville, FL

Zip Country

29 32256 30 Duval

3. Date Incorporated or Qualified

11/07/1995

4. FEI Number

59-3353819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ATKERSON, CHARLES F JR
9471 BAYMEADOWS ROAD
SUITE 403
JACKSONVILLE FL 32256

L. Denise Wallace
9551 Baymeadows Road
Suite 4
Jacksonville, FL
32256

10. Name and Address of New Registered Agent

81 Name

L. DENISE WALLACE

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

9471 Baymeadows Road

83 Suite 404

84 City

Jacksonville

FL

85 Zip Code

32256

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 *By: L. Denise Wallace*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3-6-99

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE PD
NAME BREEDING, HELEN
STREET ADDRESS 7865 SOUTHSIDE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VPD ☐ DELETE

NAME SILVERFIELD, GARY
STREET ADDRESS 2120 CORPORATE SQ. BLVD., SUITE 3
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE STD ☐ DELETE

NAME ATKERSON, CHARLES F JR.
STREET ADDRESS 9471 BAYMEADOWS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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: *[Signature]* REQUIRED 3/1/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 733-6690

CR2E037 (11/98)