

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005272

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** OLD PONTE VEDRA MARSHSIDE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ASSOCIATION MANAGEMENT OF PONTE VEDRA  
3108 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

ASSOCIATION MANAGEMENT OF PONTE VEDRA  
3108 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

**FEI Number:** 59-3353819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONNOLLY, C.P.  
ASSOCIATION MGMT. OF PONTE VEDRA  
3108 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: PEPIS, RICHARD  
Address: 113 OLD PONTE VEDRA DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DP  
Name: ROBERTS, ADAIR  
Address: 129 OLD PONTE VEDRA DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVP  
Name: SAYRE, JUDITH  
Address: 121 OLD PONTE VEDRA DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: C. P. CONNOLLY

RA

04/04/2012

Electronic Signature of Signing Officer or Director

Date