

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01387 (2)

1. Corporation Name

OCEAN MANOR AT PONTE VEDRA CONDOMINIUM ASSOCIATI
ON, INC. **INC.**



Principal Place of Business

Mailing Address

% PONTE VEDRA CLUB REALTY, INC.
280 PONTE VEDRA BLVD
PONTE VEDRA BEACH FL 32082

% PONTE VEDRA CLUB REALTY, INC.
280 PONTE VEDRA BLVD
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified
02/10/1984

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2551074

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, EILENE
131C
280 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082

81 Name
Ponte Vedra Club Realty Inc % Eilene Edwards
82 Street Address (P.O. Box Number is Not Acceptable)
280 Ponte Vedra Blvd
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	O'NEAL, DOUGLAS T	
STREET ADDRESS	9080 MARSH VIEW CT	
CITY-ST-ZIP	PONTE VERDE BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALKER, BILLY J	
STREET ADDRESS	3930 ALHAMBRA DR W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SALEM, ED	
STREET ADDRESS	7002 EPPING FOREST TERR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAHONEY, JIM	
STREET ADDRESS	6367 WISPERING OAKS DR N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRITT, BILLY	
STREET ADDRESS	320 CHEROKEE ROAD	
CITY-ST-ZIP	THOMASTON GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DR. Albert Wilkinson	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	695-A Ponte Vedra Blvd #101	
1.3 STREET ADDRESS	Ponte Vedra Beach, FL 32082	
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DR. David Wells	
2.3 STREET ADDRESS	1320 Lakewood Road	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	300001798273	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-04/29/96--01036--000	
4.3 STREET ADDRESS	***61.25	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DR. Jim Staman	
5.3 STREET ADDRESS	2639 Oak Street	
5.4 CITY-ST-ZIP	Jacksonville, FL 32204	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

James Mahoney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 (904) 744-0581
Date Daytime Phone

CR2E037 (12/95)