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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N01387 (2)

1. Corporation Name

**OCEAN MANOR AT PONTE VEDRA CONDOMINIUM ASSOCIATI
ON, 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 32082-1810

3. Date Incorporated or Qualified
02/10/1984

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-2551074

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

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

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

83

84 City

FL

85 Zip Code

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

Eilene L. Edwards

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **WILKINSON, ALBERT DR**
STREET ADDRESS **695 A PONTE VEDRA BLVD. #101**
CITY-ST-ZIP **PONTE VEDRA BCH. FL 32082**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **WALKER, BILLY J**
STREET ADDRESS **3930 ALHAMBRA DR W**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **T** ☒ Change ☐ Addition
2.2 NAME **Salem, Edwards**
2.3 STREET ADDRESS **7002 Epping Forest Terrace**
2.4 CITY-ST-ZIP **Jacksonville, FL. 32217**

TITLE **D** ☐ DELETE
NAME **WELLS, DAVID DR**
STREET ADDRESS **1320 LAKEWOOD RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **P** ☒ DELETE
NAME **MAHONEY, JIM**
STREET ADDRESS **6367 WISPERING OAKS DR N**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE **(S) Hamilton, JEAN** ☒ Change ☐ Addition
4.2 NAME **695 Ponte Vedra Blvd.**
4.3 STREET ADDRESS **Ponte Vedra Bch, FL. 32082**
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **STAMAN, JIM DR**
STREET ADDRESS **2639 OAK ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE: *Albert Dr. Wilkinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/97
Date

904-390-3473
Daytime Phone # 0001167

CR2E037 (9/96)