

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90034 010 \*\*\*\*61.25

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**DOCUMENT # N01387**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **c/o Brownstone Properties INC**

2a. Mailing Address

26 **266 SOLANA Rd**

3. Date Incorporated or Qualified

**02/10/1984**

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

22 **266 Solana Rd**

27 **Ponte Vedra Bch FL**

23 **Ponte Vedra Bch, FL**

28 **Ponte Vedra Bch FL**

24 **32082** 25 **USA**

29 **32082** 30 **USA**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Brownstone Properties, Inc**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**266 SOLANA Rd**  
83  
84 City **Ponte Vedra Bch FL** 85 Zip Code **32092**

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

*Cilene E. Edwards President*

**1/17/99**

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          | <b>P</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>WILKINSON, ALBERT DR</b>         |                                 |
| STREET ADDRESS | <b>695 A PONTE VEDRA BLVD. #101</b> |                                 |
| CITY-ST-ZIP    | <b>PONTE VEDRA BCH. FL</b>          |                                 |
| TITLE          | <b>T</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>SALEM, EDWARDS</b>               |                                 |
| STREET ADDRESS | <b>7002 EPPING FOREST TERRACE</b>   |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>              |                                 |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>WELLS, DAVID DR</b>              |                                 |
| STREET ADDRESS | <b>1320 LAKEWOOD RD.</b>            |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32207</b>        |                                 |
| TITLE          | <b>S</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>HAMILTON, JEAN</b>               |                                 |
| STREET ADDRESS | <b>695 PONTE VEDRA BLVD</b>         |                                 |
| CITY-ST-ZIP    | <b>PONTE VEDRA BEACH FL</b>         |                                 |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>STAMAN, JIM DR</b>               |                                 |
| STREET ADDRESS | <b>2639 OAK ST.</b>                 |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32204</b>        |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 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 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:

*Albert Dr. Wilkinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/99 904-285-8342**

Date

Daytime Phone #

CR2E037 (11/98)