

2000 UNIFORM BUSINESS REPORT (UBR)

5/30/

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-30-2000 90055 019 ****61.25

DOCUMENT # N01387

1. Entity Name

OCEAN MANOR AT PONTE VEDRA CONDOMINIUM ASSOCIATI

Principal Place of Business

C/O BROWNSTONE PROPERTIES INC
266 SOLANA RD
PONTE VEDRA BEACH FL 32082
US

Mailing Address

C/O BROWNSTONE PROPERTIES INC
266 SOLANA RD
PONTE VEDRA BEACH FL 32082-2297
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2551074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWNSTONE PROPERTIES INC
266 SOLANA RD
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Ponte Vedra Beach Realty Inc
Street Address (P.O. Box Number is Not Acceptable)
270 Solana Rd

City *Ponte Vedra Beach FL* Zip Code *32082*

8. 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

Ann Brown, CAM

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

(NOTE: Registered Agent signature required when reinstating)

5/11/20

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	WILKINSON, ALBERT DR	
STREET ADDRESS	695 A PONTE VEDRA BLVD. #101	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	T	☒ Delete
NAME	SALEM, EDWARDS	
STREET ADDRESS	7002 EPPING FOREST TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ Delete
NAME	WELLS, DAVID DR	
STREET ADDRESS	1320 LAKEWOOD RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	S	☒ Delete
NAME	HAMILTON, JEAN	
STREET ADDRESS	695 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	☐ Delete
NAME	STAMAN, JIM DR	
STREET ADDRESS	2639 OAK ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	☒ Change ☐ Addition
NAME	Bill Hamilton	
STREET ADDRESS	695B Ponte Vedra Blvd 103	
CITY-ST-ZIP	Ponte Vedra Bch, FL 32082	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	☒ Change ☐ Addition
NAME	Bill Nimnicht	
STREET ADDRESS	9067 Kings Colony Rd	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)