

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90148 049 ****61.25

DOCUMENT # N01387

1. Entity Name

OCEAN MANOR AT PONTE VEDRA CONDOMINIUM ASSOCIATI

Principal Place of Business

Mailing Address

Property Management
Ponte Vedra Beach Realty Inc.
270 Solano Rd
Ponte Vedra Beach FL 32082

Property Management
Ponte Vedra Beach Realty Inc.
270 Solano Rd
Ponte Vedra Beach FL 32082

712501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Ponte Vedra Beach Realty Inc

270 Solano Rd.

Suite, Apt. #, etc.

270 Solano Road

City & State
Ponte Vedra Bch. Fla.

Zip
32082

Country
St. John's

Suite, Apt. #, etc.

Ponte Vedra Bch. Fla.

City & State

32082

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

7. Name and Address of New Registered Agent

PONTE VERDE BEACH REALTY INC
270 SOLANO ROAD
PONTE VEDRA BEACH FL 32082

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR. SCOTT WELLS 1320 LAKEWOOD RD. JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAM HAMILTON 695 PONTE VEDRA BLYD PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM NIMNIGHT 9067 KINGS COLONY ROAD JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

02/01/01

Date

Daytime Phone #

(904) 285-3650

CR2E037 (10/00)