

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01387

1. Entity Name

OCEAN MANOR AT PONTE VEDRA CONDOMINIUM ASSOCIATI
ON, INC.

Principal Place of Business
2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US

Mailing Address
2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
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

7. Name and Address of New Registered Agent

HART, JR., JAMES W
C/O SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HAMILTON, WILLIAM
695 PONTE VEDRA BLVD
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T
☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NIMNIGHT, WILLIAM
9067 KINGS COLONY RD
JACKSONVILLE FL 32217 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

Albert Wilkinson

3/23/02 904-390-3673

Daytime Phone #

CR2E037 (9/01)

0094716

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90004 004 ****61.25



DO NOT WRITE IN THIS SPACE