

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90201 008 ****61.25

DOCUMENT # N01387					
1. Entity Name OCEAN MANOR AT PONTE VEDRA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ASS. MGMT. OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082			Mailing Address ASS. MGMT. OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082		
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	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONNOLLY, C P ASSOCIATION MANAGEMENT OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIRCLE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>C.P. Connolly C.P. CONNOLLY</u> 4.5.06 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINSON, ALBERT DR 695 A PONTE VEDRA BLVD. #101 PONTE VEDRA BCH., FL		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELLS, SCOTT DR 1320 LAKEWOOD RD. JACKSONVILLE, FL 32207		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HAMILTON, WILLIAM 695 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STAMAN, JIM DR 2639 OAK ST. JACKSONVILLE, FL 32204		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, BRITT 320 CHEROKEE ROAD THOMASTON, GA 30286		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, BILLY J 3930 ALAHAMBRA DRIVE WEST JACKSONVILLE, FL 32207		<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>W.B. Hamilton, Jr.</u> 04/14/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
695B Ponte Veda Blvd., No. 103 Ponte Veda Beach, FL 32082					