

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90020 010 ****61.25

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| 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 |



02132008 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-2551074 | Applied For Not Applicable |
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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|-----------------------------------|

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| Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 | Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 |
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| 6. Name and Address of Current Registered Agent CONNOLLY, C P ASSOCIATION MANAGEMENT OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 | 7. Name and Address of New Registered Agent Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 L Zip Code |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, and the obligations of registered agent

SIGNATURE C.P. Connolly C.P. Connolly AM 4-22-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WELLS, SCOTT DR 1320 LAKEWOOD RD. JACKSONVILLE, FL 32207 <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 | DP HAMILTON, WILLIAM 695 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 <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 | DVP WALKER, BILLY J 3930 ALAHAMBRA DRIVE WEST JACKSONVILLE, FL 32207 <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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 |

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: W. B. Hamilton W. B. Hamilton 4-28-08 285-9894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #