2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01387

FILED Apr 04, 2012 Secretary of State

Entity Name: OCEAN MANOR AT PONTE VEDRA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

ASSOC MGMT. OF PONTE VEDRA, INC. 3108 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 ASSOC MGMT. OF PONTE VEDRA, INC. 3108 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

New Mailing Address:

ASSOC MGMT. OF PONTE VEDRA, INC. 3108 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 ASSOC MGMT. OF PONTE VEDRA, INC. 3108 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-2551074

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CONNOLLY, C P ASSOCIATION MGMT OF PONTE VEDRA, INC. 3108 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 US

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:

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

Title: DST

 Name:
 WELLS, SCOTT DR

 Address:
 1320 LAKEWOOD RD.

 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: DF

Name: NIMNICHT, ANNE

Address: 6000 SAN JOSE BLVD. #12-B City-St-Zip: JACKSONVILLE, FL 32217

Title: DVP

Name: WALKER, BILLY J

Address: 3930 ALAHAMBRA DRIVE WEST City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: C. P. CONNOLLY

RΑ

04/04/2012