

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90472 044 \*\*\*\*61.25

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **WILKINSON, ALBERT DR**  
STREET ADDRESS **695 A PONTE VEDRA BLVD. #101**  
CITY-ST-ZIP **PONTE VEDRA BCH. FL**

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **BRITT, William**  
STREET ADDRESS **320 Cherokee Road**  
CITY-ST-ZIP **Thomaston, GA 30286**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition  
NAME **WALKER, William**  
STREET ADDRESS **3930 ALHAMBRA Dr. West**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

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 REQUIRED**

**William Hamilton 2/12/03 904-489-3650**

CR2E037 (10/02)