NO1387

ASSOCIATION MANAGEMENT of Ponte Vedra, Inc.

3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082

(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status	
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06/11/03--01036--005 **35.00

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PS 6/16/03

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502,	607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the	
submits the following statement in order to change its regist	ered office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation: Ocean Manor at Ponte 1	Vedra Condominium Association, Inc.
2. The mailing address of the corporation: 695-A Ponte \	Vedra Boulevard, #101
	Beach, Florida 32082
3. Date of incorporation/qualification: 02/10/1984	Document number:N01387
4. The name and address of the current registered agent and re	egistered office:
James W. Hart Jr.	O3
Sentry Management, Inc.	
2180 West SR 434 STE 5000	
Longwood, FL 32779	SEC
5. The name and address of the new registered agent (if chang	
(P.O. Box NOT Accept	
C. P. Connolly	32 REII
Association Management of Ponte Ved	Ira, Inc.
3103 Sawgrass Village Circle	
Ponte Vedra Beach, FL 32082	
The street address of its registered office and the street addreagent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by i authorized by the board.	its board of directors or by an officer so
1300 allen	06/05/2003
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Billy J. Walker, President	
(Printed or typed name and title)	
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered a light of the comply with the provisions of all statutes in the performance of my duties, and I am familiar with and accept	ce of process for the above stated
I further agree to comply with the provisions of all statutes i	relative to the proper and complete
performance of my duties, and I am familiar with and accep registered agent.	t the obligation of my position as
O. O. Coma alla	6-9-73
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
C.P. CONDOLLN	CARM.
(Typed or Printed Name)	(Capacity)

* * * FILING FEE: \$35.00 * * *