## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 758957** 

Entity Name: PONTE VEDRA RETREAT II CONDOMINIUM ASSOCIATION,

INC.

# **Current Principal Place of Business:**

3201 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082

## **Current Mailing Address:**

3201 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-2579549 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT OF PONTE VEDRA BEAC 3201 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

Date

**FILED** May 05, 2020

**Secretary of State** 

4222076409CC

### Officer/Director Detail:

Title **SECRETARY** Title VΡ

Name LASKA, DARLENE Name JENKINS, FORREST

Address 3201 SAWGRASS VILLAGE CIRCLE Address 3201 SAWGRASS VILLAGE CIRCLE City-State-Zip: PONTE VEDRA BEACH FL 32082 City-State-Zip: PONTE VEDRA BEACH FL 32082

Title **PRESIDENT** Title **TREASURER** Name ECKELS, RICHARD Name BROWN, CAROL

3201 SAWGRASS VILLAGE CIRCLE Address 3201 SAWGRASS VILLAGE CIRCLE Address City-State-Zip: PONTE VEDRA BEACH FL 32082 City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR

Name KIRKLAND, DAVID

SIGNATURE: CAROL BROWN

3201 SAWGRASS VILLAGE CIRCLE Address City-State-Zip: PONTE VEDRA BEACH FL 32082

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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

05/05/2020