DOCUMENT# 758957	
Entity Name: PONTE VEDRA RETREAT II CONDOMINIUM ASSOCIATION, INC.	
Current Principal Place of Business:	

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

Officer/Director Detail :

Title	SECRETARY	Title	VP		
Name	LASKA, DARLENE	Name	HARRIS, LAURIE		
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	TREASURER	Title	PRESIDENT		
Name	ECKELS, RICHARD	Name	BROWN, CAROL		
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	DIRECTOR				
Name	KIRKLAND, DAVID				
Address	3201 SAWGRASS VILLAGE CIRCLE				
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.

SIGNATURE: CAROL BROWN

PRESIDENT

04/27/2021

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date