

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758957

**Entity Name:** PONTE VEDRA RETREAT II CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 16, 2015**  
**Secretary of State**  
**CC3564043434**

**Current Principal Place of Business:**

3108 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

3108 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  
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

Date

**Officer/Director Detail :**

Title DV  
Name LASKA, DARLENE  
Address P. O. BOX 330026  
City-State-Zip: ATLANTIC BEACH FL 32233

Title D  
Name VALLORT, RON  
Address P. O. BOX 330026  
City-State-Zip: ATLANTIC BEACH FL 32233

Title D  
Name KLING, DONNA  
Address P. O. BOX 330026  
City-State-Zip: ATLANTIC BEACH FL 32233

Title DP  
Name JENKINS, FORREST  
Address P. O. BOX 330026  
City-State-Zip: ATLANTIC BEACH FL 32233

Title DTS  
Name ECKELS, RICHARD  
Address P. O. BOX 330026  
City-State-Zip: ATLANTIC BEACH FL 32233

*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: FORREST JENKINS**

**PRESIDENT**

**03/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date