

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01387

**FILED**  
**Apr 09, 2019**  
**Secretary of State**  
**2716182305CC**

**Entity Name:** OCEAN MANOR AT PONTE VEDRA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

ASSOC MGMT. OF PONTE VEDRA, INC.  
3201 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

ASSOC MGMT. OF PONTE VEDRA, INC.  
3201 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number: 59-2551074**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASSOCIATION MGMT OF PONTE VEDRA, INC.  
ASSOCIATION MGMT OF PONTE VEDRA, INC.  
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:** LYNNETTE WHITE

04/09/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name WELLS, SCOTT DR  
Address 3201 SAWGRASS VILLAGE CIRCLE  
City-State-Zip: PONTE VEDRA BCH FL 32082

Title VP  
Name MULLIN, RAINER  
Address 3201 SAWGRASS VILLAGE CIRCLE  
City-State-Zip: PONTE VEDRA BCH FL 32082

Title PRESIDENT  
Name SALEM, LINDA  
Address 3201 SAWGRASS VILLAGE CIRCLE  
City-State-Zip: PONTE VEDRA BCH 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:** LINDA SALEM

PRESIDENT

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date