### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12981

Entity Name: FAIRFIELD PONTE VEDRA ASSOCIATION, INC.

**FILED** Mar 29, 2018 **Secretary of State** CC3466708083

## **Current Principal Place of Business:**

8 FAIRFIELD BLVD

PONTE VEDRA BEACH, FL 32082

## **Current Mailing Address:**

P.O. BOX 1939

PONTE VEDRA BEACH, FL 32004-1939 US

FEI Number: 59-2628195 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CANTRELL, BRYAN 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 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	VP	Title	DIRECTOR
Name	STRAMM, GIGI	Name	CHAMBERS , AL
Address	4003 HARTLEY RD	Address	4003 HARTLEY RD
City-State-Zip	: JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257

Title D Title DIRECTOR

Name MITCHELL, JOSEPH MELFI, PATRICIA Name Address 4003 HARTLEY RD Address 4003 HARTLEY RD

JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip:

Title DIRECTOR Title **PRESIDENT** 

Name WILSON, KATHLEEN Name TUNSTALL. WILLIAM Address 4003 HARTLEY ROAD 4003 HARTLEY RD Address JACKSONVILLE FL 32257 City-State-Zip:

City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR Title **TREASURER** 

OLIVERO, GRACE Name BLACK, GEOFF Name 4003 HARTLEY ROAD Address Address 4003 HARTLEY ROAD City-State-Zip: JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 City-State-Zip:

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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.

03/29/2018 SIGNATURE: WILLIAM TUNSTALL **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

City-State-Zip: JACKSONVILLE FL 32257

Title SECRETARY Title DIRECTOR Name MOON, JERRI Name  $\mathsf{MIMS}$  ,  $\mathsf{BILL}$ 

Address 4003 HARTLEY RD. Address 4003 HARTLEY RD.

City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR Title DIRECTOR Name WOOD, MATT Name ELLIS, VANESA

Address 4003 HARTLEY RD. 4003 HARTLEY RD. Address City-State-Zip: JACKSONVILLE FL 32257