

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12981

**FILED
Mar 16, 2017
Secretary of State
CC5927429130**

Entity Name: FAIRFIELD PONTE VEDRA ASSOCIATION, INC.

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
Name STRAMM, GIGI
Address 4003 HARTLEY RD
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name CHAMBERS , AL
Address 4003 HARTLEY RD
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name MELFI, PATRICIA
Address 4003 HARTLEY RD
City-State-Zip: JACKSONVILLE FL 32257

Title D
Name MITCHELL, JOSEPH
Address 4003 HARTLEY RD
City-State-Zip: JACKSONVILLE FL 32257

Title D
Name MCGLYNN, MIKE
Address 4003 HARTLEY RD
City-State-Zip: JACKSONVILLE FL 32257

Title PRESIDENT
Name TUNSTALL, WILLIAM
Address 4003 HARTLEY RD
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name WILSON, KATHLEEN
Address 4003 HARTLEY ROAD
City-State-Zip: JACKSONVILLE FL 32257

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

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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.

SIGNATURE: WILLIAM TUNSTALL

PRESIDENT

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DISTEFANO, GENE
Address 4003 HARTLEY ROAD
City-State-Zip: JACKSONVILLE FL 32257

Title SECRETARY
Name MOON, JERRI
Address 4003 HARTLEY RD.
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name ELLIS, VANESA
Address 4003 HARTLEY RD.
City-State-Zip: JACKSONVILLE FL 32257

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

Title DIRECTOR
Name MIMS , BILL
Address 4003 HARTLEY RD.
City-State-Zip: JACKSONVILLE FL 32257