#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12981

Entity Name: FAIRFIELD PONTE VEDRA ASSOCIATION, INC.

FILED
Apr 08, 2016
Secretary of State
CC6000460071

## **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 D Title VP

NameSTRAMM, GIGINameDEWEESE, ANNAddress4003 HARTLEY RDAddress4003 HARTLEY RD

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

Title DIRECTOR Title D

NameFRACO, ROBERTNameMITCHELL, JOSEPHAddress4003 HARTLEY RDAddress4003 HARTLEY RD

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

Title D Title PRESIDENT

Name MCGLYNN, MIKE Name TUNSTALL, WILLIAM Address 4003 HARTLEY RD Address 4003 HARTLEY RD

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

TitleSECRETARYTitleTREASURERNameWILSON, KATHLEENNameBLACK, GEOFF

Address 4003 HARTLEY ROAD Address 4003 HARTLEY ROAD

City-State-Zip: JACKSONVILLE FL 32257 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

ENT 04/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name DISTEFANO, GENE Name OLIVERO, GRACE

Address 4003 HARTLEY ROAD Address 4003 HARTLEY ROAD

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