

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005272

**Entity Name:** OLD PONTE VEDRA MARSHSIDE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080**Current Mailing Address:**5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US**FEI Number: 59-3353819****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAY MANAGEMENT SERVICES, INC.  
5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 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: ANNA MARKS****04/02/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            PEPIS, RICK  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            VP, DIRECTOR  
Name            GORMAN, JOE  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            TREASURER, DIRECTOR  
Name            TEDRICK, TRACIE  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            SECRETARY, DIRECTOR  
Name            ROBERTS, GLORIA  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            DIRECTOR  
Name            CROLIUS, PETER  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

*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: RICK PEPIS****PRESIDENT****04/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date