

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 747002 1. Entity Name QUAIL POINTE II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business ASSOCIATION MGMT OF PONTE VEDRA, INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BCH, FL 32082 US	Mailing Address ASSOCIATION MGMT OF PONTE VEDRA, INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BCH, FL 32082 US
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04042006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-1997455	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONNOLLY, C. P ASSOCIATION MANAGEMENT OF PONTE VEDRA, INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BCH, FL 32082
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.	SIGNATURE <u>C.P. Connolly</u> <u>C.P. Connolly</u> <u>4.5.06</u> Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reappointing) DATE
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000518775 05/02/06-80025-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAY, LARRY 525 QUAIL POINTE LN PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOORE, JOHN 508 QUAIL POINTE LANE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, BEVERLY P.O. BOX 1131 PONTE VEDRA BEACH, FL 32004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLOVER, WILLIAM 531 QUAIL POINTE LANE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WESTER, MARY A 532 QUAIL PONTE LANE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	SIGNATURE: <u>James L. May, Jr</u> <u>JAMES L. MAY, JR</u> <u>4/15/06</u> <u>904-285-5789</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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