2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757762

FILED Feb 23, 2007 Secretary of State

Entity Name: PONCE LANDING OF ST. AUGUSTINE BEACH HOMEOWNERS ASSOC., INC.

Current Principal Place of Business: New Principal Place of Business: 826 A1A BEACH BLVD. #41 ST AUGUSTINE, FL 32080 US **Current Mailing Address: New Mailing Address:** 826 A1A BEACH BLVD. #41 ST AUGUSTINE, FL 32080 US FEI Number: 59-2231331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, KATHERINE G 780 NORTH PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LEWIS, EDMUND LEWIS, EDMUND Name: Name: 826 A1A BEACH BLVD # 13 Address: 826 A1A BEACH BLVD # 13 Address: City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: ST AUGUSTINE, FL 32080 Title: () Delete Title: PD (X) Change () Addition BOECHLER, GERALD Name: BOECHLER, GERALD Name: Address: 826 AIA BEACH BLVD #43 Address: 826 AIA BEACH BLVD #43 City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080 City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080 Title: VPD () Delete Title: () Change () Addition SAMPLE, FRANK Name: Name: 321 CHATTOLANEE HILL ROAD Address: Address: City-St-Zip: OWINGS MILLS, MD 21117 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition TIERNEY, TIM Name: Name: TIERNEY, TIM 969 RIVERWATCH DRIVE 969 RIVERWATCH DRIVE Address: Address: City-St-Zip: VILLA HILLS, KY 41017 City-St-Zip: VILLA HILLS, KY 41017 Title: () Delete Title: () Change () Addition RIKER, PHIL Name: Name: 13 SEAHORSE COURT Address: Address: City-St-Zip: ISLE OF PALM, SC 29464 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GERALD BOECHLER PD 02/23/2007