


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90156 031 ****61.25

DOCUMENT # 758458 1. Entity Name THE PONTE VEDRA BREAKERS SOUTH CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business ASSOCIATION MGMT OF POINTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082	Mailing Address ASSOCIATION MGMT OF POINTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082
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20030120

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03302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2210098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONNOLLY, C P ASSOCIATION MGMT OF POINTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, 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> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>C.P. Connolly</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>
	DATE <u>4-7-05</u>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, FORREST "JOE" 208 ALTA VISTA MARION, AR 72364
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NACHMAN, MARTHA 3261 THOMAS AVE MONTGOMERY, AL 36106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WYPYSKI, STACEY 140 E CHAMBORD DRIVE ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4/7/05</u> DAYTIME PHONE # <u>904 260 1857</u>