


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90111 010 ****61.25

DOCUMENT # 758458					
1. Entity Name THE PONTE VEDRA BREAKERS SOUTH CONDOMINIUM ASSOCIATION, INC.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
			04042006 Chg-NP		CR2E037 (11/05)
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			7. Name and Address of New Registered Agent		
CONNOLLY, C P ASSOCIATION MGMT OF POINTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 renewing)</small>		<u>4-5-06</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, FORREST "JOE" 208 ALTA VISTA MARION, AR 72364	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, RALPH 39 WOODCREST AVE ATLANTA GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NACHMAN, MARTHA 3281 THOMAS AVE MONTGOMERY, AL 36106	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD BOYD, ANN 521 HILLSIDE DR NW ATLANTA GA 30342	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WYPYSKI, STACEY 140 E CHAMBORD DRIVE ATLANTA, GA 30327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARDIN, CAROLINE 870 BURKSHIRE RD NE ATLANTA, GA 30324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, DAVID 17 W. ANDREWS DR ATLANTA, GA 30305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>[Signature]</u>		<u>4/17/06</u>		<u>404/320-8795</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					