

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758458

FILED
Apr 04, 2012
Secretary of State

Entity Name: THE PONTE VEDRA BREAKERS SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATION MGMT OF PONTE VEDRA INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

ASSOCIATION MGMT OF PONTE VEDRA INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

ASSOCIATION MGMT OF PONTE VEDRA INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

ASSOCIATION MGMT OF PONTE VEDRA INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-2210098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOLLY, C. P.
ASSOCIATION MGMT OF PONTE VEDRA INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

CONNOLLY, C. P.
ASSOCIATION MGMT OF PONTE VEDRA INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 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: C. P. CONNOLLY

04/04/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: JENKINS, RALPH
Address: 39 WOODCREST AVE
City-St-Zip: ATLANTA, GA 30309

Title: DT
Name: BOYD, ANN
Address: 521 HILLSIDE DR NW
City-St-Zip: ATLANTA, GA 30342

Title: DS
Name: HARDIN, JOHN
Address: 870 BURKSHIRE RD NE
City-St-Zip: ATLANTA, GA 30324

Title: DP
Name: SIMPSON, DAVID
Address: 17 W ANDREWS DR
City-St-Zip: ATLANTA, GA 30305

Title: DVP
Name: JENKINS, FORREST
Address: 655-D PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: C. P. CONNOLLY

RA

04/04/2012

Electronic Signature of Signing Officer or Director

Date