

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90267 044 ****61.25

DOCUMENT # 759445 1. Entity Name SEASPRAY OF JACKSONVILLE BEACH ASSOCIATION, INC.																																																																																																																																																
Principal Place of Business MARVIN REAL ESTATE 1835 NORTH THIRD ST. JACKSONVILLE BEACH, FL 32250		Mailing Address MARVIN REAL ESTATE 1835 NORTH THIRD ST. JACKSONVILLE BEACH, FL 32250																																																																																																																																														
2. Principal Place of Business Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082		3. Mailing Address Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082																																																																																																																																														
4. FEI Number 59-3190025		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 FLOYD, KAREN M MARVIN REAL ESTATE MANAGEMENT & SALES 1835 N. 3RD STREET JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name C.R. CONNOLLY Street Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 City _____ Zip Code _____																																																																																																																																														
8. The above named entity submits this statement for the purpose of changing its registered office. I, _____, familiar with, and accept the obligations of registered agent.																																																																																																																																																
SIGNATURE <u>C.R. Connolly</u> <u>C.R. CONNOLLY</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>4-7-05</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																																														
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																																																																																																																																														
Make check payable to Florida Department of State																																																																																																																																																
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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 _____		Daytime Phone # _____																																																																																																																																														