2006 NOT-FOR-PROFIT CORPORATION **IUAL REPORT**

May 09, 2006 8:00 am Secretary of State **DOCUMENT #759581** 05-09-2006 90066 025 ****61.25 SPINNAKER NORTH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1111-70 SAN JOSE BOULEVARD 1111-70 SAN JOSE BOULEVARD #289 #289 JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 Association Management -Association Management 04042006 Chg-NP CR2E037 (11/05) of Ponte Vedra, Inc. of Ponte Vedra, Inc. Applied For FEI Number APPLIED FOR 3103 Sawgrass Village Circle 3103 Sawgrass Village Circle Not Applicable Ponte Vedra Beach, FL 32082-Ponte Vedra Beach, FL 32082 \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C.P. CONNOLL AHERN, JR., FRED L Association Management 2215 SOUTH THIRD STREET #101 of Ponte Vedra, Inc. JACKSONVILLE BEACH, FL 32250 3103 Sawgrass Village Circle Zip Code Ponte Vedra Beach, FL 32082 am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Foo is \$61.25 Trust Fund Contribution Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete TITLE *ዉ* የv Change NAME MARINO, JOHN NAME STREET ADDRESS 11232-1 ST JOHNS INDUSTRIAL PKWY N STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32248 CITY-ST-7IP TITLE SD 90 Delete TITLE Change Addition Smith, Robert NUME ULRICH, PAT STREET ADORESS STREET ADDRESS 7.0. BOX 56755 514 LOWER 8TH AVENUE SOUTH CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP JACKSONVIL TITLE מד TITLE **Addition** Delete HOD S. FIRST NAME LAYTON, THAD NAME STREET ADDRESS 102 COQUINA COURT STREET ADDRESS JACKED NULLE BEACH CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DTI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 904.568-0885 SIGNATURE:

ITED HAME OF BIGNING OFFICER OR DIRECTOR

FILED