

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90376 001 ****61.25

DOCUMENT # 759581

1. Entity Name
SPINNAKER NORTH CONDOMINIUM ASSOCIATION, INC.



Association Management
of Ponte Vedra
3108 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

Association Management
of Ponte Vedra
3108 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

40000100



Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132008	Chg-NP	CR2E037 (12/06)
City & State		City & State		4. FEI Number 20-5936163		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$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 PONTE VEDRA INC 3103 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH, FL 32082				Name <u>C.P. CONNOLLY</u> Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082		
8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.				am familiar with, and accept		
SIGNATURE <u>C.P. Connolly</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE <u>4/24/08</u>		
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	STD ULRICH, GEOFF 514 LOWAR 8TH AVE. S. JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, ROBERT POB 56755 JACKSONVILLE, FL 32241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORETTA, JOE 400 S FIRST ST J JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	MARINO, JOHN 11232-1 ST JOHNS INDUSTRIAL PKY JACKSONVILLE FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 11 of this report changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <u>Joseph Loretta</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>4/25/08</u> Daytime Phone # <u>285-4894</u>		