

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768810

FILED
Jan 15, 2009
Secretary of State

Entity Name: PONTE VEDRA LAKES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 59-2424453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT
11555 CENTRAL PKWY
SUITE 801
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: WHITELEY, JOE
Address: 162 CRANES LAKE DRIVE
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: VP () Delete
Name: ANASTAIO, BRUCE
Address: 1044 SEAHAWK DR NORTH
City-St-Zip: PONTE VEDRA BCH., FL 32082

Title: DIR () Delete
Name: THOMASON, WIN
Address: 108 MARTINIQUE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DIR () Delete
Name: WALTER, SHERRY
Address: 2614 SEAHAWK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PRES () Delete
Name: MCHERRON, JACK
Address: 7026 CYPRESS BRIDGE DR N
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TRES () Delete
Name: LA LAONDE, KELLY
Address: 132 SHELBY'S COVE CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: ROWELL, LISA
Address: 1906 TANGLEWOOD ROAD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FIRST COAST ASSOCIATION MANAGEMENT

RA

01/15/2009

Electronic Signature of Signing Officer or Director

Date