


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90016 044 \*\*\*\*61.25

<b>DOCUMENT # 768811</b> 1. Entity Name <b>SEAHAWK AT PONTE VEDRA LAKES I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>MARVIN REAL ESTATE</b> <b>1835 N. 3RD. ST.</b> <b>JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>MARVIN REAL ESTATE</b> <b>PO BOX 330026</b> <b>ATLANTIC BEACH, FL 32233</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2373019</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARVIN, SONIA M</b> <b>1835 N 3RD STREET</b> <b>JACKSONVILLE BEACH, FL 32250</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COOPERMAN, KATHERINE</b>		NAME		
STREET ADDRESS	<b>1014 SEAHAWK DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DOLAN, JAMES</b>		NAME	<b>Wood, Sterling</b>	
STREET ADDRESS	<b>2054 SEAHAWK CIR</b>		STREET ADDRESS	<b>1063 Seahawk DR E</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>		CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WITZLER, KATHLEEN</b>		NAME		
STREET ADDRESS	<b>1084 SEAHAWK DR E</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Lissa Clark, manager</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/2/06 Date		
			904.249.8599 Daytime Phone #		