## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #768811**



## FILED May 14, 2007 8:00 am Secretary of State

SEAHAWK AT PONTE VEDRA LAKES I CONDOMINIUM ASSOCIATION, INC.					0	3-14-200 <i>)</i>	' 90086 026 ***	T61.25						
MARVIN REA 1835 N. 3RI		Mailing Address  MARVIN REAL ESTATE PO BOX 330026 ATLANTIC BEACH, FL 322	233			<b>12/08/10/21</b> (1 <b>2/21</b> (14	II OZBIL SUBII DIRBI OZBIL SUBI	CRESSES SI SEEL '						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 753 Atlantic Bwa Pobox 335				,										
Suite, Apt. #, etc.					03232007 Ch	ng-NP	CR2E037 (12/0	5)						
City & State Beach FL Stranke Be			Beach	FL	4. FEI Number 59-237301	9		Applied For Not Applicable						
· Zip 3 2	233 Country USA	Zip 32233	Country	A	5. Certificate of Sta		Fee Requ	Additional uired						
	6. Name and Address of Current Re	gistered Agent		<del></del>	7. Name and Add	ress of New I	Registered Agent							
MARVIN,	SONIA M RD STREET	l	Name Marvint Floyd Realty Inc											
	VILLE BEACH, FL 32250	7	Street Address (P.O. Box Number is Not Acceptable)											
			City A	33 Ha	WILL BO	: BW	FL Zip.C	ode 233						
	named entity submits this statement for the	ne purpose of changing its reg	gistered office or	register	d agent, or both, in	the State of Fi	orida. I am familiar w	ith, and accept						
SIGNATURE Marving Floyd Platty The Whotever required when remeating)  DATE  SIGNATURE Signature, typed or printed name of registered agent and little of applicable. (NOTE: Registered Agent Age														
		A 51-35-3 O-3-3-												
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees	Flo	lake check payable rida Department of	State						
10.	Due by May 1, 2007. OFFICERS AND DIRECT	Trust Fund Con	tribution.	A	Added to Fees	Flo		State						
TITLE NAME	OFFICERS AND DIRECT PD COOPERMAN, KATHERINE	Trust Fund Con	11. TITLE NAME	D Acros	Added to Fees	Flo	rida Department of	State						
TITLE	OFFICERS AND DIRECT PD COOPERMAN, KATHERINE 1014 SEAHAWK DRIVE PONTE VEDRA BEACH, FL 32082	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Acros	Added to Fees	S TO OFFICE Drive	rida Department of	State						
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
SIGNATURE	Tessa Clark, manager	4-27-07	904-249-855