


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-14-2007 90086 026 \*\*\*\*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> 1835 N. 3RD. ST. JACKSONVILLE BEACH, FL 32250	Mailing Address <b>MARVIN REAL ESTATE</b> PO BOX 330026 ATLANTIC BEACH, FL 32233
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2. Principal Place of Business - No P.O. Box # <b>753 Atlantic Blvd</b>	3. Mailing Address <b>PO Box 330026</b>
Suite, Apt. #, etc. <b>#1</b>	Suite, Apt. #, etc.

City & State <b>Atlantic Beach FL</b>	City & State <b>Atlantic Beach FL</b>
Zip <b>32233</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>MARVIN, SONIA M</b> 1835 N 3RD STREET JACKSONVILLE BEACH, FL 32250	
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03232007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2373019</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 <b>Marvin &amp; Floyd Realty Inc</b>	DATE <b>3-26-07</b>

Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPERMAN, KATHERINE 1014 SEAHAWK DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, STERLING 1063 SEAHAWK DR E PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WITZLER, KATHLEEN 1084 SEAHAWK DR E PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arnold Wood 1105 Seahawk Drive Ponte Vedra Beach, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <b>Jessa Clark, manager</b>	Date <b>4-27-07</b>	Daytime Phone # <b>904-249-8559</b>
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