

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770004

FILED
Apr 16, 2009
Secretary of State

Entity Name: PONTE VEDRA RETREAT III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

753 ATLANTIC BLVD
SUITE 1
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 330026
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 59-2598934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARVIN & FLOYD REALTY, INC.
753 ATLANTIC BLVD
SUITE 1
ATLANTIC BEACH, FL 32233 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: D () Delete
Name: GOMEZ, MARGRET
Address: 665-D PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: POWELL, DONALD
Address: 8956 LAKE KATHRYN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: STD () Delete
Name: CAPERS, KAREN
Address: 6051 N OCEAN DRIVE #701
City-St-Zip: HOLLYWOOD, FL 33019

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT (X) Change () Addition
Name: GOMEZ, MARGRET
Address: 665-D PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

Title: DIR (X) Change () Addition
Name: CAPERS, KAREN
Address: 814 HILLTOP DR
City-St-Zip: WALPOLE, MA 02081

Title: SEC () Change (X) Addition
Name: GLENN, GEORGIA
Address: 667-C PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DIR () Change (X) Addition
Name: WAHL, JANE
Address: 669-B PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: YVETTE BROCKMAN

MGR

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date