NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State
05-24-2002 91339 008 ****61.25

DOCUMENT # 770248

1. Entity Name: Ponte Vedra Shores West Home Owners Association, Inc.

NCW

DO NOT WRITE IN THIS SPACE

[redacted]

2. Principal Place of Business	3. Mailing Address
NOrth Florida Properties	NOrth Florida Properties
Suite, Apt. #, etc.: 209 Anastasia Blvd.	Suite, Apt. #, etc.: 209 Anastasia Blvd.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32080 Country: USA	Zip: 32080 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 592433779 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Luann Allen

Street Address (P.O. Box Number is Not Acceptable): 209 Anastasia Blvd.

City: St. Augustine **FL** Zip Code: 32080

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.

SIGNATURE: Luann Allen 5-6-02
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: P NAME: Griffin, B STREET ADDRESS: 104 Sandcastle Lane CITY-ST-ZIP: St. Augustine, FL 32085 D	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: Heckman, Glenn STREET ADDRESS: 1001 Sanddollar Court CITY-ST-ZIP: St. Augustine, FL 32085 D	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: Blake, Robert S STREET ADDRESS: 1602 Windjammer Lane CITY-ST-ZIP: St. Augustine, FL 32084 D	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Killmon, Bob STREET ADDRESS: 4404 Seagate Lane CITY-ST-ZIP: St. Augustine, FL 32084 D	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Rey, Pamela STREET ADDRESS: 4401 Seagate Lane CITY-ST-ZIP: St. Augstine, FL 32084 D	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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IN THIS SPACE

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #