

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90048 041 ***158.75

DOCUMENT # G77408 1. Entity Name OCEAN MANOR AT PONTE VEDRA, INC.			
Principal Place of Business 3740 BEACH BLVD, STE 300 JACKSONVILLE, FL 32207		Mailing Address 3740 BEACH BLVD, STE 300 JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box # 1551 ATLANTIC BLVD Suite, Apt. #, etc. - 300		3. Mailing Address 1551 ATLANTIC BLVD Suite, Apt. #, etc. - 300	
City & State JACKSONVILLE, FL Zip 32207		City & State JACKSONVILLE, FL Zip 32207	
Country 		Country 	
4. FEI Number 59-2365806		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04152008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MICKLER, R. O. 1301 RIVERPLACE BOULEVARD SUITE 1500 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name J.C. DEMETREE JR. Street Address (P.O. Box Number is Not Acceptable) 1551 ATLANTIC BLVD - SUITE 300 City JACKSONVILLE FL Zip Code 32207	
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: <u>J.C. Demetree Jr.</u> DATE: <u>04/15/2008</u> <small>Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VS NAME DEMETREE, MARY L STREET ADDRESS 3348 EDGEWOOD DR CITY-ST-ZIP ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME DEMETREE, JACK C. STREET ADDRESS 3740 BEACH BLVD CITY-ST-ZIP JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 1551 ATLANTIC BLVD., STE 300 CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 607, 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: <u>JACK C. DEMETREE - PRES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04/15/2008</u> Daytime Phone # <u>904 398 7350</u>	