


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90037 030 ****61.25

DOCUMENT # N01000000210 1. Entity Name COLONY AT PONTE VEDRA XII CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 126 PONTE VEDRA COLONY CIRCLE PONTE VEDRA BEACH FL 32082				Mailing Address 126 PONTE VEDRA COLONY CIRCLE PONTE VEDRA BEACH FL 32082	
2. Principal Place of Business - No P.O. Box # 200 EXECUTIVE WAY Suite, Apt. #, etc. 206		3. Mailing Address P.O. BOX 330168 Suite, Apt. #, etc.			
City & State PONTE VEDRA		City & State Atlantic Beach		4. FEI Number 03-0426670	
Zip 32082		Country ST. JOHN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32233		Country DUVAL		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHIPPEE, AUDREY 126 PONTE VEDRA COLONY CIRCLE PONTE VEDRA BEACH FL 32082			7. Name and Address of New Registered Agent Name MARPAM, INC Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 330168 City ATLANTIC BEACH FL Zip Code 32233		
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><i>Martha Elden, CAM</i></u> DATE <u><i>4/9/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature is required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORDAK, RUSSELL 126 PONTE VEDRA COLONY CIRCLE PONTE VEDRA BEACH FL 32082 <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	ST SHIPPEE, AUDREY 126 PONTE VEDRA COLONY CIRCLE PONTE VEDRA BEACH FL 32082 <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	D MEISTER, EDWARD 124 PONTE VEDRA COLONY CIRCLE PONTE VEDRA BEACH FL 32082 <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		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Cardsize Phone #