

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED 04-09-2004 90062 010 *****61.25
 4/9/2004 SECRETARY OF STATE NO1000002065
 DIVISION OF CORPORATION

1 copy

DOCUMENT # N01000002065
 1. Entity Name
OCEAN LINKS OF PONTE VEDRA CONDOMINIUM ASSOCIATION, INC.



04 JUL 26 PM 3:35

Principal Place of Business
 310 SOLANA RD.
 PONTE VEDRA BCH, FL 32082

Mailing Address
 C/O MAY MGMT. SVC
 5455 A1A SOUTH
 ST. AUGUSTINE, FL 32080

66430068



2. Principal Place of Business
 Suits, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Lifestyles Mgmt Serv.
 P.O. Box 50218
 Tax Beh, FL
 Zip 32240
 Country

01302004 Chg-NP GR2E037 (10/03)

4. FEI Number
 65-1095358

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARENAS, PATRICIA
 C/O MAU MANAGEMENT-SERVICES INC.
 10038 SAWGRASS DRIVE W
 PONTE VEDRA BCH, FL 32082

7. Name and Address of New Registered Agent
 Name: Sharon Fisher
 Street Address: 1008 Ocean Wood Dr. No.
 City: Neptune Beach, FL Zip Code: 32266

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patricia Arenas Sharon Fisher 4/02/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$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	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DELORES	NAME	
STREET ADDRESS	500 SANDIRON CIR #618	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARER, SALLY	NAME	
STREET ADDRESS	100 IRONWOOD DR #128	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	CITY-ST-ZIP	
TITLE	SO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PEGGY	NAME	
STREET ADDRESS	600 IRONWOOD DR #615	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GESDORF, WILLIAM	NAME	Ken Hoover President
STREET ADDRESS	100 IRONWOOD DR., #118	STREET ADDRESS	1925 Largo Rd.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, NORMAN	NAME	
STREET ADDRESS	400 SANDIRON CIRCLE #411	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY F. SULLIVAN	NAME	
STREET ADDRESS	700 IRONWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: Ken Hoover 4-3-04 904 358-7299
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

202

66430068

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: N01000002065

Ocean Links Condominium Association, Inc.
310 Solano Road
Ponte Vedra Beach, FL 32082

Mailing Address: Lifestyles Management Services
P.O. Box 50218
Jacksonville Beach, FL 32240

President: Ken Hoover
1925 Largo Road
Jacksonville, FL 32207

Vice President: Norm Williams
400 Sandiron Circle # 411
Ponte Vedra Beach, FL 32082

Treasurer: Stan Hyslop
800 Ironwood Drive # 816
Ponte Vedra Beach, FL 32082

Secretary: Peggy Johnson
600 Ironwood Drive # 615
Ponte Vedra Beach, FL 32082

Director: Greg Sullivan
700 Ironwood Drive # 724
Ponte Vedra Beach, FL 32082