


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90051 036 \*\*\*\*61.25

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

Principal Place of Business 310 SOLANA RD. PONTE VEDRA BCH, FL 32082	Mailing Address C/O LIFESTYLES MAGNT.SERV. PO BOX 50218 JACKSONVILLE BEACH, FL 32240
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1095356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, SHARON  
1008 OCEANWOOD DR. NO.  
NEPTUNE BEACH, FL 32266

**DO NOT WRITE IN THIS SPACE**

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: Sharon Fisher DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, KEN 1925 LARGO ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, NORM 400 SANDIRON CIRCLE #411 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYSLOP, STAN 800 IRONWOOD DRIVE #816 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, PEGGY 600 IRONWOOD DRIVE #615 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, GREG <i>Delete</i> <del>700 IRONWOOD DRIVE #724</del> PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowered.

SIGNATURE: Sharon Fisher Date: 1/13/05

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