

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90026 040 ****61.25

DOCUMENT # N02000000329 1. Entity Name WOODLANDS EAST AT PONTE VEDRA ASSOCIATION, INC.					
Principal Place of Business 505 FRESH POND RD PONTE VEDRA BEACH, FL 32082			Mailing Address P.O. BOX 345 PONTE VEDRA BEACH, FL 32004		
2. Principal Place of Business <u>433 E. Woodhaven Dr.</u>			3. Mailing Address Suite, Apt. #, etc.		
City & State <u>Ponte Vedra Beach, FL</u>			City & State Suite, Apt. #, etc.		
Zip <u>32082</u>		Country <u>St. John's</u>		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HINDS, HILARY 505 FRESH POND RD PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name <u>Benedict, Tom</u> Street Address (P.O. Box Number is Not Acceptable) <u>433 E. Woodhaven Dr.</u> City <u>Ponte Vedra Beach, FL</u> Zip Code <u>32082</u>	
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>[Signature]</u> <u>Tom Benedict - President</u> <u>2/1/06</u> 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, 2006		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 P NAME HINDS, HILARY STREET ADDRESS 505 FRESH POND RD CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	☒ Delete		TITLE <u>President</u> NAME <u>Benedict, Tom</u> STREET ADDRESS <u>433 E. Woodhaven Dr.</u> CITY-ST-ZIP <u>Ponte Vedra Beach, FL 32082</u>	☒ Change ☐ Addition	
TITLE VP NAME MYRICK, SAM JR STREET ADDRESS 501 FRESH POND RD CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	☒ Delete		TITLE <u>Vice President</u> NAME <u>Sanchez, Chris</u> STREET ADDRESS <u>232 Woody Creek Dr.</u> CITY-ST-ZIP <u>Ponte Vedra Beach, FL 32082</u>	☒ Change ☐ Addition	
TITLE T NAME PICKETT, DANIEL R STREET ADDRESS 201 WOODY CREEK DR CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	☒ Delete		TITLE <u>Treasurer</u> NAME <u>Titley, John</u> STREET ADDRESS <u>417 E. Woodhaven Dr.</u> CITY-ST-ZIP <u>Ponte Vedra Beach, FL 32082</u>	☒ Change ☐ Addition	
TITLE S NAME LANE, COY STREET ADDRESS 429 E WOODHAVEN DR CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	☒ Delete		TITLE <u>Secretary</u> NAME <u>Harkey, Jim</u> STREET ADDRESS <u>437 E. Woodhaven Dr.</u> CITY-ST-ZIP <u>Ponte Vedra Beach, FL 32082</u>	☒ Change ☐ Addition	
TITLE D NAME JENSEN, JANIE STREET ADDRESS 236 WOODY CREEK DR CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	☒ Delete		TITLE <u>Director</u> NAME <u>Gleason, Rod</u> STREET ADDRESS <u>228 Woody Creek Dr.</u> CITY-ST-ZIP <u>Ponte Vedra Beach, FL 32082</u>	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: <u>[Signature]</u> <u>Tom Benedict - Pres.</u> <u>2/1/06</u> <u>728-8059</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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