



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000005330	
1. Entity Name PALENCIA VILLAGE TOWNHOMES OWNERS ASSOCIATION, INC.	

Principal Place of Business ASSOCIATION MGMT OF PONTE VEDRA CIR 3103 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH, FL 32082	Mailing Address ASSOCIATION MGMT OF PONTE VEDRA CIR 3103 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH, FL 32082
-----------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2706355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CONNOLLY, C.P.
ASSOCIATION MGMT OF PONTE VEDRA, INC
3103 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082**

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 C.P. Connolly C.P. Connolly CAM 4-18-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LENDRY, BRYAN 4745 SUTTON PK CT BLD 500 STE 501 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TABB, JEFF 4745 SUTTON PK CT BLD 500 STE 501 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANTZAKLIS, BETH 4745 SUTTON PK CT BLD 500 STE 501 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000748261
05/17/07-80056-024 61.25

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: Beth Antzaklis Beth Antzaklis 4/26/07 904-992-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #