


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90376 004 ****61.25

DOCUMENT # N03000005330					
1. Entity Name PALENCIA VILLAGE TOWNHOMES OWNERS ASSOCIATION, INC.					
Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082			Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 20-2706355	
Zip		Country		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			7. Name and Address of New Registered Agent Name: <u>C.P. CONNOLLY</u> Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082		
8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent			I am familiar with, and accept		
SIGNATURE: <u>C.P. Connolly</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE: <u>4-24-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing 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					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	
	DP	LENDRY, BRYAN	4745 SUTTON PK CT BLD 500 STE 501		
		JACKSONVILLE, FL 32224			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	
	DVT	TABB, JEFF	4745 SUTTON PK CT BLD 500 STE 501		
		JACKSONVILLE, FL 32224			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	
	DS	ANTZAKLIS, BETH	4745 SUTTON PK CT BLD 500 STE 501		
		JACKSONVILLE, FL 32224			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Beth Antzaklis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/24/08</u> Daytime Phone #: <u>904/285-9894</u>		