

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90149 024 ****61.25

DOCUMENT # N03000008330

1. Entity Name
AVENUE FOUR SOUTH CONDOMINIUM 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 03-0536834	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HEEKIN, DAVID J ESQ. 4540 SOUTHSIDE BLVD., SUITE 801 JACKSONVILLE, FL 32216				Name <u>C. J. 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 registered agent.				am familiar with, and accept	
SIGNATURE <u>C. J. Connolly</u> <u>C. J. CONNOLLY</u> CAM				DATE <u>4-24-08</u>	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SAIG, LOUIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARAG, JAYESH		NAME	405 S. 1ST ST # 211	
STREET ADDRESS	8720 ROLLING BROOK LANE		STREET ADDRESS	JACKSONVILLE BEACH, FL 32250	
CITY - ST - ZIP	JACKSONVILLE, FL 32256		CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, AJIT		NAME	DIAMANT, ROBERT	
STREET ADDRESS	8720 ROLLING BROOK LANE		STREET ADDRESS	550 LEMASTER DR.	
CITY - ST - ZIP	JACKSONVILLE, FL 32256		CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, ASHISH		NAME	DIAMONT, MICHAEL	
STREET ADDRESS	8720 ROLLING BROOK LANE		STREET ADDRESS	1415 1ST ST. # 705	
CITY - ST - ZIP	JACKSONVILLE, FL 32256		CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>LOUIE SAIG</u>			Date <u>4-29-08</u> Daytime Phone # <u>904-962-8505</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					