

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N03000008336

1. Entity Name
AVENUE FOUR CONDOMINIUM ASSOCIATION, INC.



05-02-2008 90158 046 ****61.25

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 03-0536831		Applied For Not Applicable
Zip	Country	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.R. CONNOLLY</u> Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered agent.						
SIGNATURE <u>C.R. Connolly</u> Signature, typed or printed name of registered agent and title if applicable				C.R. CONNOLLY, CMM (NOTE: Registered Agent signature required when reinstating)		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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARAG, JAYESH			NAME	BYRD, MARION	
STREET ADDRESS	8720 ROLLING BROOK LANE			STREET ADDRESS	P.O. Box 51427	
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32240	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, AJIT			NAME	GROSSE, DONG	
STREET ADDRESS	8720 ROLLING BROOK LANE			STREET ADDRESS	395 S. 1 ST ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, ASHISH			NAME	LUPD, STEPHANIE	
STREET ADDRESS	8720 ROLLING BROOK LANE			STREET ADDRESS	6055 LEPING FOREST WAY N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	JACKSONVILLE FL 32217	
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>Marion Byrd</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				MARION BYRD		904 4/29/08 285-5894 Date Daytime Phone #