2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N03000008336

Entity Name: AVENUE FOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8720 ROLLING BROOK LANE
JACKSONVILLE, FL 32256

New Principal Place of Business:

ASSOCIATION MANAGEMENT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

8720 ROLLING BROOK LANE
JACKSONVILLE, FL 32256

New Mailing Address:

ASSOCIATION MANAGEMENT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

FEI Number: 03-0536831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNOLLY, C.P
ASSOCIATION MGMT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BYRD, MARION
Address: POB 51427
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: DVT ( ) Delete
Name: GROSSE, DOUG
Address: 395 S 1ST ST
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DS ( ) Delete
Name: LUPO, STEPHANIE
Address: 6655 EPPING FOREST WAY N
City-St-Zip: YJACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: GROSSE, DOUG
Address: 395 S 1ST ST
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DST (X) Change ( ) Addition
Name: LUPO, STEPHANIE
Address: 6655 EPPING FOREST WAY N
City-St-Zip: YJACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION BYRD PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date