

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03197

FILED
Apr 05, 2006
Secretary of State

Entity Name: PONTE VEDRA RETREAT V CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2796549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: THORNWELL, JAMES
Address: PO BOX 136
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: WILSON, JACK
Address: P.O. BOX 151
City-St-Zip: LAKE FOREST, IL 60045

Title: SD () Delete
Name: FREEMAN, DONALD
Address: 80 TALCOTT RD
City-St-Zip: GUILFORD, CT 06437

Title: TD () Delete
Name: KING, MILES
Address: 1102 RIVER RD
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) Delete
Name: SWIFT, MARY L
Address: 6005 GREEN ISLAND DR
City-St-Zip: COLUMBUS, GA 31904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THORNWELL, JAMES
Address: PO BOX 136
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: VPD (X) Change () Addition
Name: WILLIAMS, JOHN H
Address: 701 RIO LINDO DR
City-St-Zip: JACKSONVILLE, FL 32207

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES THORNWELL

PD

04/05/2006

Electronic Signature of Signing Officer or Director

Date