2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N04000004859

Entity Name: PONTE VEDRA NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13133 PROFESSIONAL DRIVE
SUITE 100
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

13133 PROFESSIONAL DRIVE
SUITE 100
JACKSONVILLE, FL 32225

Current Mailing Address:

13133 PROFESSIONAL DRIVE
SUITE 100
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

13133 PROFESSIONAL DRIVE
SUITE 100
JACKSONVILLE, FL 32225

FEI Number: 20-1541013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STALLINGS, VANCE C
% BARTLETT & DEAL, P.A.
135 PROFESSIONAL DRIVE SUITE 101
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: PD ( ) Delete
Name: SABATIER, LOUIS E
Address: 13133 PROFESSIONAL DRIVE STE 100
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VTD ( ) Delete
Name: WOLF, KAREN S
Address: 264 ROYAL TERN ROAD NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete
Name: LESTER, DOMINICK E
Address: 13133 PROFESSIONAL DRIVE STE 100
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SABATIER, LOUIS E
Address: 13133 PROFESSIONAL DRIVE STE 100
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: SD (X) Change ( ) Addition
Name: LESTER, DOMINICK E
Address: 13133 PROFESSIONAL DRIVE STE 100
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOUIS E. SABATIER P 04/19/2005

Electronic Signature of Signing Officer or Director — Date