


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90063 043 ****61.25

DOCUMENT # N04704 1. Entity Name OCEAN MANOR AT PONTE VEDRA CONDOMINIUM ASSOCIATION II, INC.	
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Principal Place of Business ASSOCIATION MGMT OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIRCLE PONTE VERDA, FL 32082	Mailing Address ASSOCIATION MGMT OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIRCLE PONTE VERDA, FL 32082
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40034100



03302005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2647243	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CONNOLLY, C.P.S.W ASSOCIATION MGMT. OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u><i>C.P. Connolly</i></u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE <u>4/8/05</u>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLIGAN, MICHAEL 693 PONTE VEDRA BLVD #203 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALISBURY, HARRY JR PO BOX 1661 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNSBY, TOM 693 PONTE VEDRA BLVD #206 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4/11/05</u> <small>Date</small>	DAYTIME PHONE # <u>(904) 993-8900</u> <small>Daytime Phone #</small>