

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90148 002 \*\*\*\*61.25

**DOCUMENT # N04704**

1. Entity Name  
**OCEAN MANOR AT PONTE VEDRA CONDOMINIUM  
ASSOCIATION II, INC.**



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

40053843



Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2647243	
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	
CONNOLLY, C.P.S.W. ASSOCIATION MGMT. OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082				Name <u>C.P. CONNOLLY</u> Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 L Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered agent.					
SIGNATURE <u>C.P. Connolly</u>				DATE <u>4-28-08</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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIGAN, MICHAEL	NAME	
STREET ADDRESS	693 PONTE VEDRA BLVD #203	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALISBURY, HARRY JR	NAME	
STREET ADDRESS	PO BOX 1661	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIFT, MARY LOU	NAME	
STREET ADDRESS	6005 GREEN ISLAND DR	STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, GA 31904	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	
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: Mary Lou Swift MARY LOU SWIFT 4/29/08 285 5894  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone