2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N04704

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

Current Principal Place of Business:

ASSOCIATION MGMT OF PONTE VEDRA, INC.
3108 SAWGRASS VILLAGE CIRCLE
PONTE VERDA, FL 32082

New Principal Place of Business:

Current Mailing Address:

ASSOCIATION MGMT OF PONTE VEDRA, INC.
3108 SAWGRASS VILLAGE CIRCLE
PONTE VERDA, FL 32082

New Mailing Address:

FEI Number: 59-2647243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNOLLY, C.P.S W
ASSOCIATION MGMT. OF PONTE VEDRA, INC.
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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

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: C. P. CONNOLLY 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GILLIGAN, MICHAEL
Address: 693 PONTE VEDRA BLVD #203
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD ( ) Delete
Name: SALISBURY, HARRY JR
Address: PO BOX 1661
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: GILLIGAN, MICHAEL
Address: 693 PONTE VEDRA BLVD #203
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD (X) Change ( ) Addition
Name: YOUNG, WILLIAM
Address: 3607 RANDALL MILL ROAD
City-St-Zip: ATLANTA, GA 30327

Title: PD (X) Change ( ) Addition
Name: SWIFT, MARY LOU
Address: 6005 GREEN ISLAND DR
City-St-Zip: COLUMBUS, GA 31904

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: MARY LOU SWIFT PD 04/15/2009
Electronic Signature of Signing Officer or Director Date