

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000002997

1. Entity Name
PAYASADA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**135 PROFESSIONAL DR SUITE 101
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**135 PROFESSIONAL DR SUITE 101
PONTE VEDRA BEACH, FL 32082**



04222008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-2580335

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEAL, BLAKE F III
135 PROFESSIONAL DR SUITE 101
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEAL, BLAKE F III
STREET ADDRESS	481 S ROSCOE EXTENSION
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	BARTLETT, BARON L
STREET ADDRESS	185 N ROSCOE BLVD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	LENDRY, BRYAN J
STREET ADDRESS	4745 SUTTON PARK COURT BUILDING 500 S#501
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/08-80035-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-08

Date

(904) 221-8070

Daytime Phone #

manager for payasada