


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90194 001 ****61.25

DOCUMENT # N05000005057 1. Entity Name VILLARIVA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5000 SAWGRASS VILLAGE CIRCLE SUITE ONE PONTE VEDRA BEACH, FL 33602		Mailing Address 5000 SAWGRASS VILLAGE CIRCLE SUITE ONE PONTE VEDRA BEACH, FL 33602	
2. Principal Place of Business - No P.O. Box # 2358 Riverside Ave		3. Mailing Address PO Box 60816	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, Florida	
Zip 32204		Zip 32236-0816	
Country		Country	
4. FEI Number 20-2862948		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAY MANAGEMENT 5455 US HIGHWAY A1A S SAINT AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name: Frances T.H. Hallihan Street Address (P.O. Box Number is Not Acceptable): 2358 Riverside Ave, #505 City: Jacksonville FL Zip Code: 32204	
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: <i>Frances T.H. Hallihan</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: 4/15/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	
TITLE PD NAME WEBER, BRYAN L K STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE SUITE ONE CITY-ST-ZIP PONTE VEDRA BEACH, FL 33602	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MCCAYNE, BOIA STREET ADDRESS 2356 RICHARD AVE., #506 CITY-ST-ZIP JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Beth McCague STREET ADDRESS 2358 Riverside Ave, #506 CITY-ST-ZIP Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME WILSON, HEATHER STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE SUITE ONE CITY-ST-ZIP PONTE VEDRA BEACH, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Jmichael Hughes STREET ADDRESS 2358 Riverside Ave, #201 CITY-ST-ZIP Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SO NAME Linda Kane STREET ADDRESS 2358 Riverside Ave, #202 CITY-ST-ZIP Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE TD NAME Frances T.H. Hallihan STREET ADDRESS 2358 Riverside Ave, #505 CITY-ST-ZIP Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Frances T.H. Hallihan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4/15/07 <small>Daytime Phone #</small>	

ATTACHMENT

40068450
#N05000005057

VillaRiva Condo/Master Association
PO Box 60816
Jacksonville, Florida 32236-0816
Phone: 904-381-0969

N05000005057
VillaRiva Condominium Association, Inc

New Registered Agent: Frances T.H. Hallihan
2358 Riverside Ave, #505
Jacksonville, FL 32204

New Officers/Directors

PD
Beth McCague
2358 Riverside Ave, #506
Jacksonville, FL 32204

VD
J Michael Hughes
2358 Riverside Ave, #201
Jacksonville, FL 32204

SD
Linda Kane
2358 Riverside Ave, #202
Jacksonville, FL 32204

TD
Frances T H Hallihan
2358 Riverside Ave, #505
Jacksonville, FL 32204