

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 036 ****61.25

DOCUMENT # N05000005057

1. Entity Name
VILLARIVA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2358 RIVERSIDE AVE
PONTE VEDRA BEACH, FL 33602

Mailing Address
PO BOX 60816
PONTE VEDRA BEACH, FL 33602

40050215



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-2862948

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALLIHAN, FRANCES T
2358 RIVERSIDE AVE #505
JACKSONVILLE, FL 32204

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CAGUE, BETH
STREET ADDRESS 2358 RIVERSIDE AVE #506
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE VD ☒ Change ☐ Addition
NAME McCague, Beth
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME HUGHES, MICHAEL J
STREET ADDRESS 2358 RIVERSIDE AVE #201
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE PD ☐ Change ☒ Addition
NAME Russell Newton, Jr
STREET ADDRESS 2358 Riverside Ave, # 1001
CITY-ST-ZIP Jax, FL 32204

TITLE SD ☒ Delete
NAME KANE, LINDA
STREET ADDRESS 2358 RIVERSIDE AVE #202
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE SD ☐ Change ☒ Addition
NAME Peter Kaplan
STREET ADDRESS 2358 Riverside Ave, # 404
CITY-ST-ZIP Jax, FL 32204

TITLE TD ☐ Delete
NAME HALLIHAN, FRANCES T
STREET ADDRESS 2358 RIVERSIDE AVE #505
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE O ☐ Change ☒ Addition
NAME Audrey Greene
STREET ADDRESS 2358 Riverside Ave, # 302
CITY-ST-ZIP Jax, FL 32204

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Frances T Hallihan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08
Date

703-626-2507
Daytime Phone #