

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

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N06000007382

1. Entity Name

THE SOUTH PONTE VEDRA - VILANO BEACH
RESTORATION ASSOCIATION, INC.



Principal Place of Business

% TURNAGE CO.
4114 HERSCHEL ST., SUITE 100
JACKSONVILLE, FL 32210

Mailing Address

% TURNAGE CO.
4114 HERSCHEL ST., SUITE 100
JACKSONVILLE, FL 32210



03122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5350109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBS, ARTHUR I ESQUIRE
961687 GATEWAY BLVD
SUITE 201-I
FERNANDINA BEACH, FL 32034

**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

000000886122
04/18/08-80043-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PVP
NAME	TURNAGE, TOM
STREET ADDRESS	4114 HERSCHEL STREET, STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	S/T
NAME	DORNBLASER, STAN
STREET ADDRESS	2801 S. PONTE VEDRA BLVD.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	S
NAME	CHAMBLESS, LINDA
STREET ADDRESS	3043 S. PONTE VEDRA BLVD.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

3/12/08 904-387-0770

Date

Daytime Phone #