

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007382

FILED
Jun 29, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-5350109 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: TURNAGE, TOM
Address: 4114 HERSCHEL STREET, STE 100
City-St-Zip: JACKSONVILLE, FL 32210

Title: S/T () Delete
Name: DORNBLASER, STAN
Address: 2801 S. PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: CHAMBLESS, LINDA
Address: 3043 S. PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS L. TURNAGE

PRES

06/29/2009

Electronic Signature of Signing Officer or Director

Date