


FILED
May 14, 2007 8:00 am
Secretary of State

04-23-2007 90276 028 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06000009557			
1. Entity Name OCEAN TERRACE VILLAS TOWNHOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 1758 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250		Mailing Address 1758 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250	
Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082		Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		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 CONNOLLY, C.P. 1758 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent C.P. CONNOLLY Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082	
8. The above named entity submits this statement for the purpose of changing its registered c the obligations of registered agent.		8. The above named entity submits this statement for the purpose of changing its registered c the obligations of registered agent.	
SIGNATURE C.P. Connolly Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)		DATE 4-5-07	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TUTTLE, GREGORY L 1758 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250 <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	DV TUTTLE, LEE J 1758 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250 <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	DTS TUTTLE, MAGGIE L 1758 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250 <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
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: Greg Tuttle SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/5/07 Daytime Phone 904-285 9894	