

FILED
Apr 28, 2008 8:00 am
Secretary of State

DOCUMENT # N06000009557



Association Management
of Ponte Vedra
3108 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

455055



02132008 Chq-NP CR2E037 (12/06)

4. FEI Number		Applied For
20-5936299		Not Applicable

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

CONNOLLY, C.P.
ASSOC. MGMT. OF PONTE VEDRA, INC.
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082

Name CB. CONNOR
Association Management
of Ponte Vedra
3108 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

El	Zip Code
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8. The above named entity submits this statement for the purpose of changing its reg
the obligations of registered agent.

ja. I am familiar with, and accept

SIGNATURE

C.P. Connolly C.P. CONNOLLY
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating.)

DAT

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
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	TUTTLE, GREGORY L	
STREET ADDRESS	1758 SOUTH THIRD STREET	
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	TUTTLE, LEE J	
STREET ADDRESS	1758 SOUTH THIRD STREET	
CITY-ST- ZIP	JACKSONVILLE BEACH, FL 32250	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	DTS	<input type="checkbox"/> Delete
NAME	TUTTLE, MAGGIE L	
STREET ADDRESS	1758 SOUTH THIRD STREET	
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #