

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009557

FILED
Apr 15, 2009
Secretary of State

Entity Name: OCEAN TERRACE VILLAS TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ASSOC. MGMT. OF PONTE VEDRA, INC.
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

ASSOC. MGMT. OF PONTE VEDRA, INC.
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-5936299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOLLY, C.P.
ASSOC. MGMT. OF PONTE VEDRA, INC.
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 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: DP () Delete
Name: TUTTLE, GREGORY L
Address: 1758 SOUTH THIRD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DV () Delete
Name: TUTTLE, LEE J
Address: 1758 SOUTH THIRD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DTS () Delete
Name: TUTTLE, MAGGIE L
Address: 1758 SOUTH THIRD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: GREGORY TUTTLE

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date