

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90048 004 ****61.25

DOCUMENT # N06545 1. Entity Name SEAHAWK AT PONTE VEDRA LAKES II CONDOMINIUM ASSOCIATION, INC.																																																																																																																										
Principal Place of Business MARVIN REAL ESTATE 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250 US			Mailing Address MARVIN REAL ESTATE POB 320026 ATLANTIC BEACH, FL 32233 US																																																																																																																							
2. Principal Place of Business - No P.O. Box # 753 Atlantic Blvd Suite, Apt. #, etc. #1			3. Mailing Address PO Box 330026 Suite, Apt. #, etc.																																																																																																																							
City & State Atlantic Beach FL		City & State Atlantic Beach FL		4. FEI Number 59-2504669																																																																																																																						
Zip 32233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																						
6. Name and Address of Current Registered Agent MARVIN, SONIA M 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name Marvin + Floyd Realty Inc Street Address (P.O. Box Number is Not Acceptable) 753 Atlantic Blvd #1 City Atlantic Beach FL Zip Code 32233																																																																																																																						
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 Marvin + Floyd Realty Inc <i>[Signature]</i> DATE 3-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																										
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																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCHERRON, JACK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7026 CYPRESS BRIDGE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BASSETT, ELIZABETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2114 SAND PIPER CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HALLOWES, SUZANNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2072 SEAHAWK DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	MCHERRON, JACK		STREET ADDRESS	7026 CYPRESS BRIDGE DR		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		TITLE	TD	<input type="checkbox"/> Delete	NAME	BASSETT, ELIZABETH		STREET ADDRESS	2114 SAND PIPER CT		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		TITLE	SD	<input type="checkbox"/> Delete	NAME	HALLOWES, SUZANNE		STREET ADDRESS	2072 SEAHAWK DR		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																								
NAME	MCHERRON, JACK																																																																																																																									
STREET ADDRESS	7026 CYPRESS BRIDGE DR																																																																																																																									
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082																																																																																																																									
TITLE	TD	<input type="checkbox"/> Delete																																																																																																																								
NAME	BASSETT, ELIZABETH																																																																																																																									
STREET ADDRESS	2114 SAND PIPER CT																																																																																																																									
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082																																																																																																																									
TITLE	SD	<input type="checkbox"/> Delete																																																																																																																								
NAME	HALLOWES, SUZANNE																																																																																																																									
STREET ADDRESS	2072 SEAHAWK DR																																																																																																																									
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																								
NAME																																																																																																																										
STREET ADDRESS																																																																																																																										
CITY-ST-ZIP																																																																																																																										
TITLE		<input type="checkbox"/> Delete																																																																																																																								
NAME																																																																																																																										
STREET ADDRESS																																																																																																																										
CITY-ST-ZIP																																																																																																																										
TITLE		<input type="checkbox"/> Delete																																																																																																																								
NAME																																																																																																																										
STREET ADDRESS																																																																																																																										
CITY-ST-ZIP																																																																																																																										
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
STREET ADDRESS																																																																																																																										
CITY-ST-ZIP																																																																																																																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
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"/> 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: <i>[Signature]</i> DATE 3-27-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																										