
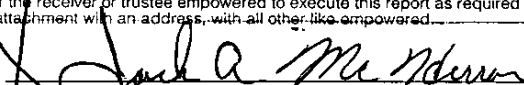


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90205 018 \*\*\*\*61.25

<b>DOCUMENT # N06545</b> 1. Entity Name <b>SEAHAWK AT PONTE VEDRA LAKES II CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>MARVIN &amp; FLOYD REALTY</b> <b>753 ATLANTIC BLVD</b> <b>ATLANTIC BEACH, FL 32233 US</b>		Mailing Address <b>MARVIN REAL ESTATE</b> <b>POB 320026</b> <b>ATLANTIC BEACH, FL 32233 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 330026</b> Suite, Apt. #, etc.	
City & State <b>Atlantic Beach, FL</b>		4. FEI Number <b>59-2504669</b>	
Zip <b>32233</b>		Country <b>U.S.A.</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MARVIN &amp; FLOYD REALTY INC</b> <b>753 ATLANTIC BLVD</b> <b># 1</b> <b>ATLANTIC BEACH, FL 32233</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be</b> <b>Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MCHERRON, JACK</b> <b>7026 CYPRESS BRIDGE DR</b> <b>PONTE VEDRA BEACH, FL 32082</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>BASSETT, ELIZABETH</b> <b>2114 SAND PIPER CT</b> <b>PONTE VEDRA BEACH, FL 32082</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>HALLOWES, SUZANNE</b> <b>2072 SEAHAWK DR</b> <b>PONTE VEDRA BEACH, FL 32082</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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.			
<b>SIGNATURE:</b> 		4-28-08 (904) 610-2998 <small>Date Daytime Phone #</small>	