

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10866

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** THE INNLET AT PONTE VEDRA BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

753 ATLANTIC BLVD  
#1  
ATLANTIC BEACH, FL 32233 US

**Current Mailing Address:**

PO BOX 330026  
ATLANTIC BEACH, FL 32233 US

**New Principal Place of Business:**

753 ATLANTIC BLVD  
SUITE #1  
ATLANTIC BEACH, FL 32233 US

**New Mailing Address:**

FEI Number: 59-2630445      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARVIN & FLOYD REALTY, INC.  
753 ATLANTIC BLVD  
#1  
ATLANTIC BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

MARVIN & FLOYD REALTY, INC.  
753 ATLANTIC BLVD  
SUITE #1  
ATLANTIC BEACH, FL 32233 US

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: KAREN FLOYD

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PICKERING, RANDALL  
Address: 43 SEAWINDS LANE SOUTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete  
Name: REED, MARY ELLEN  
Address: 15 SEA WINDS LANE E  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD ( ) Delete  
Name: FENNEL, BETTY  
Address: 28 SEA WINDS LANE N.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD (X) Delete  
Name: HOWARD, LOIS  
Address: POB 3281  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: MABRY, JAMES  
Address: 20 SEA WINDS LANE NORTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: STD (X) Change ( ) Addition  
Name: HOWARD, LOIS  
Address: 10 SEA WINDS LANE WEST  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: KAREN FLOYD

MGR

04/16/2009

Electronic Signature of Signing Officer or Director

Date