

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90110 012 \*\*\*\*61.25

<b>DOCUMENT # N14663</b> 1. Entity Name <b>PONCE DE LEON VILLAS HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>5455 AIA SOUTH ST AUGUSTINE, FL 32080</b>			Mailing Address <b>5455 AIA SOUTH ST AUGUSTINE, FL 32080</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>MARKS, ANNA M C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A S ST AUGUSTINE, FL 32080</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				4. FEI Number <b>59-2744133</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
<b>\$8.75 Additional Fee Required</b>				04262007 Chg-NP CR2E037 (12/06)	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>				<b>Make check payable to 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	V PAPPAS, JIM 7C FOUNTAIN OF YOUTH BLVD SAINT AUGUSTINE, FL 32080		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, JANICE 2730 US1S SUITE A SAINT AUGUSTINE, FL 32086		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERKEL, JIM 9A FOUNTAIN OF YOUTH BLVD ST AUGUSTINE, FL 32080		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDKINS, DAVID 15B FOUNTAIN OF YOUTH BLVD ST AUGUSTINE, FL 32080		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T READ, DAN 29 I FOUNTAIN OF YOUTH BLVD SAINT AUGUSTINE, FL 32080		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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>					
<b>SIGNATURE:</b>			4-27-07 904-461-9708		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		