

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90032 043 ****61.25

DOCUMENT # N14663

1. Entity Name
**PONCE DE LEON VILLAS HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**5455 AIA SOUTH
ST AUGUSTINE, FL 32080**

Mailing Address
**5455 AIA SOUTH
ST AUGUSTINE, FL 32080**

40114000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08262008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2744133

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKS, ANNA M
C/O MAY MANAGEMENT SERVICES, INC.
5455 A1A S
ST AUGUSTINE, FL 32080**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete
NAME **PAPPAS, JIM**
STREET ADDRESS **7C FOUNTAIN OF YOUTH BLVD**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32080**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Alberter**
STREET ADDRESS **26 Fountain of Youth Blvd**
CITY-ST-ZIP **Saint Augustine, FL 32080**

TITLE **P** ☐ Delete
NAME **JOHNSON, JANICE**
STREET ADDRESS **2730 US1S SUITE A**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **D** ☐ Change ☒ Addition
NAME **Patrick J. Schetrompf**
STREET ADDRESS **4 Fountain of Youth Blvd**
CITY-ST-ZIP **Saint Augustine, FL 32080**

TITLE **D** ☐ Delete
NAME **HERKEL, JIM**
STREET ADDRESS **9A FOUNTAIN OF YOUTH BLVD**
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **JUDKINS, DAVID**
STREET ADDRESS **15B FOUNTAIN OF YOUTH BLVD**
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **READ, DAN**
STREET ADDRESS **29 I FOUNTAIN OF YOUTH BLVD**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32080**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 information empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-08
Date

Daytime Phone #