2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14663

FILED Apr 17, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 5455 AIA SOUTH 5455 AIA SOUTH ST AUGUSTINE, FL 32080 SUITE 3 ST AUGUSTINE, FL 32080 US **Current Mailing Address: New Mailing Address:** 5455 AIA SOUTH 5455 AIA SOUTH ST AUGUSTINE, FL 32080 SUITE 3 ST AUGUSTINE, FL 32080 US FEI Number: 59-2744133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARKS, ANNA M MAY MANAGEMENT SERVICES, INC. C/O MÁY MANAGEMENT SERVICES, INC. 5455 AIA S SUITE 3 5455 A1A S ST AUGUSTINE, FL 32080 US ST AUGUSTINE, FL 32080 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: ANNA MARKS 04/17/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PAPPAS, JIM PAPPAS, JAMES Name: Name: 7C FOUNTAIN OF YOUTH BLVD Address: 5455 AIA S Address: City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: SAINT AUGUSTINE, FL 32080 US Title: Title: () Delete (X) Change () Addition JOHNSON, JANICE Name: ALBERTER, ROBERT Name: Address: 2730 US1S SUITE A Address: 5455 AIA S City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: SAINT AUGUSTINE, FL 32086 US Title: () Delete Title: S/T (X) Change () Addition HERKEL, JIM ROCKENBACH, MARGUERITTE Name: Name: 9A FOUNTAIN OF YOUTH BLVD Address: Address: 5455 AIA S City-St-Zip: ST AUGISTINE, FL 32080 City-St-Zip: ST. AUGUSTINE, FL 32080 US Title: () Delete Title: D (X) Change () Addition Name: ALBERTER, ROBERT Name: READ, DAN 26 FOUNTAIN OF YOUTH BLVD 5455 AIA S Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: SAINT AUGUSTINE, FL 32080 US Title: () Delete Title: (X) Change () Addition READ, DAN KAPALKA, KEITH Name: Name: 29 I FOUNTAIN OF YOUTH BLVD 5455 AIA S Address: Address: SAINT AUGUSTINE, FL 32080 SAINT AUGUSTINE, FL 32080 US City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition SCHETROMPF, PATRICK J Name: Name: Address: 4 FOUNTAIN OF YOUTH BLVD Address: SAINT AUGUSTINE, FL 32080 City-St-Zip: 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: MARGUERITTE ROCKENBACH S/T 04/17/2009