

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15315 (7)

1. Corporation Name

LOT 4, PONCE DE LEON VILLAS HOMEOWNERS' ASSOCIATION, INC., A NON-PROFIT CORPORATION

Principal Place of Business

Mailing Address

**44 AVENIDA MENENDEZ
P.O. BOX 1509
ST. AUGUSTINE FL 32085**

**44 AVENIDA MENENDEZ
P.O. BOX 1509
ST. AUGUSTINE FL 32085**



3. Date Incorporated or Qualified

06/10/1986

3a. Date of Last Report

04/24/1995

4. FEI Number

59-2744133

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAY MANAGEMENT SERVICES
4320 AIA SOUTH
ST. AUGUSTINE FL 32084**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE

D

HERKEL, JAMES

NAME

9-A FOUNTAIN OF YOUTH BD

STREET ADDRESS

ST.AUGUSTINE FL

CITY-ST-ZIP

TITLE

D

LEWIS, LINDSEY W.

NAME

8 WILLOW DR

STREET ADDRESS

ST AUGUSTINE FL

CITY-ST-ZIP

TITLE

D

CHITWOOD, SUSAN

NAME

9C FOUNTAIN OF YOUTH

STREET ADDRESS

ST.AUGUSTINE FL

CITY-ST-ZIP

TITLE

D

SHEAD, GEORGE

NAME

9D FOUNTAIN OF YOUTH BD

STREET ADDRESS

ST.AUGUSTINE FL

CITY-ST-ZIP

TITLE

D

9D FOUNTAIN OF YOUTH BD

STREET ADDRESS

ST.AUGUSTINE FL

CITY-ST-ZIP

TITLE

D

9D FOUNTAIN OF YOUTH BD

STREET ADDRESS

ST.AUGUSTINE FL

CITY-ST-ZIP

TITLE

D

9D FOUNTAIN OF YOUTH BD

STREET ADDRESS

ST.AUGUSTINE FL

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Herkel

2/15/96

Date

Daytime Phone #

CR2E037 (12/95)