## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name N15315

(7)

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

Principal Place of Business Malling Address						{ E (BUSTION OON HOOF DINDS HIND STOOL DIN DIEN DIN JOHN GIBTI DIN JOHN GIDEN DIN JOHN DIN SEED			
44 AVENIDA	MENENDEZ	44 AVENIDA MENENDI	F7 .						
P.O. BOX 15	09	P.O. BOX 1509	LE		İ				
ST. AUGUSTINE FL 32065		ST. AUGUSTINE FL 32085			-	3. Date Incorporated or Qualified 06/10/1986	3a. Date of Lat 04/24/		
Principal P     P	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2744133	-	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					<u> </u>	5 Additional	
22		27	·			5. Certificate of Status Desired		e Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
Zip	Country	Zip	Co	untry		Trust Fund Contribution	AOC	ded to Fees	
24	25	29	30	GIII Y		<ol> <li>This corporation has liability for in Florida Statutes</li> </ol>	tangible tax under Yes □ No	s. 199.032,	
	9. Name and Address of Curren		11	1	1	0. Name and Address of New Re			
				B1 Na	me		<del></del>		
MAY MANAGEMENT SERVICES				<b>82</b> Str	eet Address i	(P.O. Box Number is Not Acceptable	,		
4320 Al	A SOUTH			<b>32</b>		i .e. cox rumbor is not Acceptable	,		
ST. AUC	SUSTINE FL 32084			83					
				84 Cit	,	<del></del>	<b>—.</b> 85 2	Zip Code	
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid th, and accept the obligations of, Section	ia. Such change was authoriz	ea by the	ove-name corporatio	d corporation on's board of	n submits this statement for the purp directors. I hereby accept the appoi	ose of changing its ntment as registere	registered office od agent. I am	
SIGNATURE	Signature typed or printed name of registered agent a	and the Magazantia	Tr. D.						
12.	OFFICERS AND		13.	d Agent signa	ture required when	ADDITIONS/CHANGES TO OFFIC	DATE FOR AND DIRECT	ODS (N. 12	
T:TLE	D	DELETE	1.1 T	ITLÉ	1	ADDITIONS OF PARCES TO OTTIC	Change		
NAME	HERKEL, JAMES	<del></del>	1.2 N	IAME				G	
STREET ADDRESS	9-A FOUNTAIN OF YOUTH BE	)	135	TREET ADDRE	ss			į	
CITY - ST - ZIP	ST.AUGUSTINE FL		1.4 0	HTY-ST-ZIP					
TITLE	D	DELETE	2.1 T				Change	Addition	
NAME	Lewis, Lindsey W.		2.2 N	IAME					
STREET ADDRESS	8 WILLOW DR		23S	TREET ADDRE	ss				
CITY-ST-ZIP	ST AUGUSTINE FL		2 4 0	CITY-ST-ZIP					
TITLE	D	DELETE	3.1 Ti	ITLE			Change	Addition	
NAME	CHITWOOD, SUSAN		3 2 N	AME					
STREET ADDRESS	9C FOUNTAIN OF YOUTH		3.3 S	TREET ADDRE	ss				
CITY-ST-ZIP	ST.AUGUSTINE FL		3.4. 0	CITY-ST-ZIP					
THILE	D	DELETE	4.1 Ti	ITLE			Сhange	Addition	
NAME	SHEAD, GEORGE		4 2 N	IAME					
STREET ADDRESS	9D FOUNTAIN OF YOUTH BD	1	435	TREET ADDRE	ss				
CITY-ST-ZIP	ST.AUGUSTINE FL		4.4 C	ITY-ST-ZIP					
TIILE		DELETE	51 TI				Change	☐ Addition	
NAME			5.2 N	AME	İ				
STREET ADDRESS			5.3 \$	TREET ADDRE	ss				
CITY-ST-ZIP		—		ITY-ST-ZIP					
TITLE		DELETE	611				☐ Change	☐ Addition	
NAME			6 2 N						
STREET ADDRESS			6.3 \$	TREET ADDRE	ss				
CITY-ST-ZIP			6.4 CI	ITY - ST - ZIP	- 1				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tarnes O- Clarbel

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