FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

· 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N15315

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

ION, INC., A NON-PROFIT CORPORATION						
Principal Place of Business 44 AVENIDA MENENDEZ P.O. BOX 1509 ST. AUGUSTINE FL 32085		Mailing Address 44 AVENIDA MENENDEZ P.O. BOX 1508 ST. AUGUSTINE FL 32085-1509		1 180(1101 201 1134 1 11108 (170) (1704)	
		•			3. Date Incorporated or Qualified 06/10/1986	3a. Date of Last Report 02/22/1996
2. Principal Place of Business 21 MAY Management Services		2a. Mailing Address 26 MAY Management Services		4. FEI Number 59-2744133	Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation has liability fo	
24	25	29	30			Yes No
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New R	egistered Agent
MAV MA	NACEMENT CEDITOEC					
	NAGEMENT SERVICES		82	Street Add	ress (P.O. Box Number is Not Accepta	able)
4320 AIA SOUTH St. Augustine FL 32084			B3		***************************************	1
01. A00	SOUTH LE SESSI		-	- 60		
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the above	e-named corp	poration submits this statement for the tion's board of directors. I hereby accurately	purpose of changing its registered
agent I a	m famil ar with, and accept the obliga	tions of, Section 617.0503, F	lorida Statute	3.	north board of directors. Thereby addi	opt the appointment as registered
SIGNATURE		,				
12.	Signature, typicd or printed name of registered ager OFFICERS AND		13.	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	HERKEL, JAMES		1.2 NAME			
STREET ADDRESS 9-A FOUNTAIN OF YOUTH BD			1.3 STREET	ADDRESS		
CITY - S1 - 7(P	ST.AUGUSTINE FL		1.4 CfTY-5	ST-ZIP		
TITLE	D	DELETE	21 TITLE			Change Addition
NAME	LEWIS, LINDSEY W.		22 NAME	j		
STREET AODRESS	8 WILLOW DR ST AUGUSTINE FL		2.3 STREET ADDRESS : 2.4 CITY - ST - ZIP			
City+S1+ZIP TITLE	D D			ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	CHITWOOD, SUSAN		3.1 TITLE 3.2 NAME			
STREET ADORESS	9C FOUNTAIN OF YOUTH		3.3 STREET	ADDRESS		
CITY-ST-ZIP	ST.AUGUSTINE FL		3.4. CITY~:	ST-21P		
TITLE	D	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	SHEAD, GEORGE		4. 2 NAME			
STREET ADDRESS	9D FOUNTAIN OF YOUTH BD		4.3 STREET	ADDRESS		
CITY ST 719	ST.AUGUSTINE FL	DELETE	4.4 CITY - 5	ST - ZIP		Change Addition
TITLE		[] DELETE	51 TITLE			Change C Abouton
NAME STREET ADDRESS			5.2 NAME 5.3 STREET	I ADDRESS		
CITY-ST-ZIP			5.4 CITY - 5	1		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
	i e e e e e e e e e e e e e e e e e e e		I			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

FILED

Mar 24 1997 8:00am

Secretary of State

Daytime Phone # 0001404