

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT '1998 |  | 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 |
| MAY MANAGEMENT SERVICES P.O. BOX 1509 ST. AUGUSTINE FL 32085 US | MAY MANAGEMENT SERVICES P.O. BOX 1509 ST. AUGUSTINE FL 32085 US |

3. Date Incorporated or Qualified
06/10/1986

| | |
|------------------------------------|--|
| 4. FEI Number 59-2744133 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HERKEL, JAMES | |
| STREET ADDRESS | 9-A FOUNTAIN OF YOUTH BD | |
| CITY-ST-ZIP | ST.AUGUSTINE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LEWIS, LINDSEY W. | |
| STREET ADDRESS | 8 WILLOW DR | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CHITWOOD, SUSAN | |
| STREET ADDRESS | 9C FOUNTAIN OF YOUTH | |
| CITY-ST-ZIP | ST.AUGUSTINE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SHEAD, GEORGE | |
| STREET ADDRESS | 9D FOUNTAIN OF YOUTH BD | |
| CITY-ST-ZIP | ST.AUGUSTINE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Williar, Marc | |
| 1.3 STREET ADDRESS | 9C Fountain of Youth Blvd. | |
| 1.4 CITY-ST-ZIP | St. Augustine, FL | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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:

James B. Herkel

3-16-8

CR2E037 (10/97)