

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17247

FILED
Mar 09, 2009
Secretary of State

Entity Name: OLD PONTE VEDRA BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2746560 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOUTHWELL, VIVIAN
Address: 119 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: STD () Delete
Name: JOHNSON, JOE
Address: 187 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: EYMER, TIM
Address: 166 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ORTOK, MIKE
Address: 182 SEA HAMMOCK WAY
City-St-Zip: PONTE VERDE BEACH, FL 32082

Title: D () Delete
Name: BERESFORD, BRUCE
Address: 150 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OTROK, MIKE
Address: 182 SEA HAMMOCK WAY
City-St-Zip: PONTE VERDE BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
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: VIVIAN SOUTHWELL

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date