

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90041 038 \*\*\*\*61.25

**DOCUMENT # N18304**

1. Entity Name  
**PARK PLACE AT SAWGRASS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**ASSOCIATION MGMT OF PONTE VEDRA, INC  
3103 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**ASSOCIATION MGMT OF PONTE VEDRA, INC  
3103 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082**

40054563

03302005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2851793**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CONNOLLY, C P  
ASSOCIATION MANAGEMENT OF PONTE VEDRA, INC  
3103 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE C.P. Connolly C.P. Connolly CHAIRMAN  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering)

4-11-05  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KAROL, ROBERT  
STREET ADDRESS 2103 SAWGRASS VILLAGE DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE VD  
NAME WHEAT, FRED  
STREET ADDRESS 144 N. ROSCOE BLVD.  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE STD  
NAME DALY, MATTHEW  
STREET ADDRESS 2308 SAWGRASS VILLAGE DR  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fred E. Wheat  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05 904/285-7299  
Date Daytime Phone #