

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

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**



04042006 No Chg-NP

CR2E037 (11/05)

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**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

4-5-06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000518871
05/02/06-80029-024 61.25**

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	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-7-06 (904) 285-7299
Date Daytime Phone #