2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N18304

1. Entity Name

PARK PLACE AT SAWGRASS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

SIGNATURE

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

FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90276 002 ****61.25

dunio.



04052007 No Chg-NP

CR2E037 (4/06)

Daytime Phone #

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

DC	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 Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE C. V. Consolution (NOTE: Registered Agent signature required when reinstating) DATE One of the consolution of the c							
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAROL, ROBERT 2103 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHEAT, FRED 144 N. ROSCOE BLVD. PONTE VEDRA BEACH, FL 32082						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DALY, MATTHEW 2308 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZEP							
12. I hereby certify that the information supplied with this filling 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							