


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90093 037 ****61.25

DOCUMENT # N18304 1. Entity Name PARK PLACE AT SAWGRASS CONDOMINIUM ASSOCIATION, INC.					
Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082		Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2851793	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name C.P. Connolly Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082	
8. The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent.				I am familiar with, and accept	
SIGNATURE C.P. Connolly <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-24-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAROL, ROBERT 2103 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WHEAT, FRED 144 N. ROSCOE BLVD. PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DALY, MATTHEW 2308 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JONES, KEN 2205 SAWGRASS VILLAGE DR. PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.					
SIGNATURE: Fred Wheat <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/24/08 Daytime Phone # 904/285-7299		