

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90025 041 ****61.25

DOCUMENT # N20552

1. Entity Name
PONTE VEDRA COURT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**427 THIRD STREET NORTH
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address
**427 THIRD STREET NORTH
JACKSONVILLE BEACH, FL 32250 US**

40012784



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2899540

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOOD, TERRY CPA
427 THIRD STREET NORTH
JACKSONVILLE BEACH, FL 32250**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HUTCHERSON, TIM	
STREET ADDRESS	170 PONTE VEDRA CT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, CHARLES	
STREET ADDRESS	10-D PONTE VEDRA CT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, MARGARET	
STREET ADDRESS	143 PONTE VERDA CT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, GUILLE	
STREET ADDRESS	15-D PONTE VEDRA CT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYLSTUIN, MARY	
STREET ADDRESS	201A PONTE VEDRA CT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, KEVIN	
STREET ADDRESS	15B PONTE VEDRA COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANA MICHELLE	
STREET ADDRESS	15B PONTE VEDRA COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS, JONATHAN	
STREET ADDRESS	15C PONTE VEDRA COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

K. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

Date

Daytime Phone #