

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23335 (5)

1. Corporation Name

OCEAN RIDGE HOMEOWNERS ASSOCIATION OF PONTE VEDRA, INC.

Principal Place of Business

Mailing Address

% MAY MANAGEMENT SERVICES, INC.
10036 SAWGRASS DRIVE, SUITE 1
PONTE VEDRA BEACH FL 32082

% MAY MANAGEMENT SERVICES, INC.
10036 SAWGRASS DRIVE, SUITE 1
PONTE VEDRA BEACH FL 32082



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified 11/05/1987	3a. Date of Last Report 02/15/1995
4. FEI Number 59-2865372	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

MAY MANAGEMENT SERVICES, INC.
10036 SAWGRASS DRIVE, SUITE 1
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LOOK, RICHARD	1.2 NAME	
STREET ADDRESS	4 OCEAN RIDGE COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMPANARO, MARY PAT	2.2 NAME	
STREET ADDRESS	1 OCEAN RIDGE COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	STONE, JOEL A	3.2 NAME	S/T/D
STREET ADDRESS	1801 BARRS ST #800	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☒ Addition
NAME	SWEENEY, DONALD	4.2 NAME	Cassidy, Mary
STREET ADDRESS	150 HOLLOW HILL RD	4.3 STREET ADDRESS	113 Sea Island Drive
CITY - ST - ZIP	WATCHUNG NJ	4.4 CITY - ST - ZIP	Ponte Vedra Beach, FL 32082
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Richard Look, President

Date

Daytime Phone #

CR2E037 (12/95)