2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90055 041 ****61.25

DOCUMENT # N23335

1. Entity 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

50013260

01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2865372 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARENAS, PATRICIA
10036 SAWGRASS DRIVE, SUITE 1
PONTE VEDRA BEACH, FL 32082

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOOK, RICHARD
STREET ADDRESS	4 OCEAN RIDGE COURT
CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	VD
NAME	CAMPANARO, MARY PAT
STREET ADDRESS	1 OCEAN RIDGE COURT
CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	STD
NAME	STONE. JOEL A
STREET ADDRESS	1801 BARRS ST #800
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	MATHIEAS, BOWMAN
STREET ADDRESS	2 OCEAN RIDGE CT.
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard Look 2/3/05 904.461.9708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #