

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90036 034 ****61.25

DOCUMENT # N23335 1. Entity Name OCEAN RIDGE HOMEOWNERS ASSOCIATION OF PONTE VEDRA, INC.					
Principal Place of Business % MAY MANAGEMENT SERVICES, INC. 10036 SAWGRASS DRIVE, SUITE 1 PONTE VEDRA BEACH, FL 32082			Mailing Address % MAY MANAGEMENT SERVICES, INC. 10036 SAWGRASS DRIVE, SUITE 1 PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2865372	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent O'NEIL, CYNTHIA 10036 SAWGRASS DRIVE, SUITE 1 PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name O'Neil, Cynthia Street Address (P.O. Box Number is Not Acceptable) May Management SVS 5455 AIA South City St. Augustine FL Zip Code 32080	
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 <u><i>Cynthia O'Neil</i></u> Signature, handwritten or printed name of registered agent and title if applicable.				DATE <u>1/24/07</u> (NOTE: Registered Agent signature required when reinstating)	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOOK, RICHARD 4 OCEAN RIDGE COURT PONTE VEDRA BEACH, FL	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAMPANARO, MARY PAT 1 OCEAN RIDGE COURT PONTE VEDRA BEACH, FL	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD STONE, JOEL A 1801 BARRS ST #800 JACKSONVILLE, FL	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATHIEAS, BOWMAN 2 OCEAN RIDGE CT. PONTE VEDRA BEACH, FL 32082	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ 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 all other like empowered.

SIGNATURE: *Paul Lee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07
Date

Daytime Phone #