2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2009
Secretary of State

DOCUMENT# N23335

Entity Name: OCEAN RIDGE HOMEOWNERS ASSOCIATION OF PONTE VEDRA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

% MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
ST AUGUSTINE, FL 32080

FEI Number: 59-2865372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

O'NEIL, CYNTHIA
MAY MANAGEMENT SVS
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

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.

SIGNATURE: CYNTHIA O'NEIL 08/12/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOOK, RICHARD
Address: 4 OCEAN RIDGE COURT
City-St-Zip: PONTE VEDRA BEACH, FL

Title: VD ( ) Delete
Name: CAMPANARO, MARY PAT
Address: 1 OCEAN RIDGE COURT
City-St-Zip: PONTE VEDRA BEACH, FL

Title: STD (X) Delete
Name: STONE, JOEL A
Address: 1801 BARRS ST #800
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: MATHIEAS, BOWMAN
Address: 2 OCEAN RIDGE CT.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STONE, BRANDI S
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VD (X) Change ( ) Addition
Name: CAMPANORO, PAT
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MATHIEAS, BOWMAN
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D ( ) Change (X) Addition
Name: PENNY, BOWMAN
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN S. STONE PD 08/12/2009
Electronic Signature of Signing Officer or Director — Date