2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N23977

Principal Place of Business

THE INNLET AT PONTE VEDRA BEACH MASTER ASSOCIATION, INC.



Mailing Address

MARVIN REAL ESTATE

FILED May 04, 2005 8:00 am Secretary of State

05-04-2005 90188 041 ****61.25

1835 N 3RD STREET JACKSONVILLE BEACH, FL 32250 US MARVIN RCAL ESTATE P.O. BOX 330026 ATLANTIC BEACH, FL 3225					US	10511101 210	Mass into tall tall i			f He al lan	
2. Principal Place of Business 3. Mai			3. Mailing Address								
Suite, Apt. #, etc. Sc			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E03	7 (10/03)		
City & State			City & State			4. FEI Numbe 59-3644				plied For t Applicable	
Zip Country Zip			Zip	Country			5. Certificate of Status Desired Seried Fee Required				
	6 Name	and Address of Current R		7. Name and Address of New Registered Agent							
MARVIN, SONIA 1835 N. 3RD STREET JACKSONVILLE, FL 32250					Name Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE, FE 32230					City	FL Zip Code					
	named entity ions of regist	y submits this statement for ered agent.	he purpose of changing its	registered	office or regis	stered agent, or bot	h, in the State of I	Rorida. Iam f	amiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registered A	gent signature raq	uired when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.			May Be Make check payable to to Florida Department of State				
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHA	ANGES TO OFFIC	ERS AND DIF	RECTORS IN	10	
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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:

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