

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90038 022 ****61.25

DOCUMENT # N23977

1. Entity Name
**THE INNLET AT PONTE VEDRA BEACH MASTER
ASSOCIATION, INC.**



Principal Place of Business

753 ATLANTIC BLVD.

#1

ATLANTIC BEACH, FL 32233 US

Mailing Address

P.O. BOX 330026

ATLANTIC BEACH, FL 32233 US

DO NOT WRITE IN THIS SPACE



02182008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3644033

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARVIN, SONIA
753 ATLANTIC BLVD.
ATLANTIC BEACH, FL 32233**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STEINER, LARRY
STREET ADDRESS 41 SEA WINDS LANE SOUTH
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE VPD
NAME BALDWIN, GARRETT
STREET ADDRESS 225 SEA COAST LN.
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE SD
NAME HOWARD, LOIS
STREET ADDRESS POB 3281
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32004

TITLE TD
NAME MULDOON, MICHAEL
STREET ADDRESS 508 SURF SPRAY LN. E.
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D
NAME DAVIDSON, KEITH
STREET ADDRESS 99 SEA WINDS LN. E.
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08

Date

Daytime Phone #