## **FILED** Mar 01, 2005 8:00 am Secretary of State

## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N27861  1. Entity Name SEAWALK AT PONTE VEDRA HOMEOWNERS ASSOCIATION, INC.					03-01-2005 90081 009 ****61.25		5
Principal Place of Business 10036 SAWGRASS DRIVE SUITE 1 PONTE VEDRA BEACH, FL 32082  Mailing Address 10036 SAWGRASS DRIVE SUITE 1 SUITE 1 PONTE VEDRA BEACH, FL				82	20016892		
	·	3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272005 Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-2953478	Applied Not App		
Zip	Country	Zip	Cou	ntry	5. Certificate of Status Des	sired S8.75 Additional Fee Required	af
	6. Name and Address of Current	t Registered Agent			7. Name and Address of	New Registered Agent	
4DEN40	DATEIOLA	· • •		Name	4.		
ARENAS, PATRICIA C/O MAY MANAGEMENT SERVICES INC 10036 SAWGRASS DR W STE 1				Street Address	ddress (P.O. Box Number is Not Acceptable)		
PONTE VE	EDRA BEACH, FL 32082					1 <del>21 2</del>	
				City	FL Zip Code		
	named entity submits this statement fions of registered agent.	or the purpose of changing its	registere	ed office or registe	red agent, or both, in the Stat	e of Florida. I am familiar with, and a	accept
SIGNATURE.				· -			<u>.</u>
* * * * * * * * * * * * * * * * * * * *	Signature, typed or printed name of registered ager	at and title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)	DATE	
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far	Filling Fee is \$61.25 Due by May 1, 2005	, Trust Fund		on.	Added to Fees		ي فاوه.
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR