


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90076 025 ****61.25

DOCUMENT # N27861 1. Entity Name SEAWALK AT PONTE VEDRA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10036 SAWGRASS DRIVE SUITE 1 PONTE VEDRA BEACH, FL 32082			Mailing Address 10036 SAWGRASS DRIVE SUITE 1 PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2953478	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARENAS, PATRICIA C/O MAY MANAGEMENT SERVICES INC 10036 SAWGRASS DR W STE 1 PONTE VEDRA BEACH, FL 32082				Name CYNTHIA O'NEIL Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T FOUTS, LOU 169 COASTAL OAKS CIR PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PATRICIA 152 COASTAL OAK CIR PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIERAN, ROSEMARIE 168 COASTAL OAKS CIRCLE PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAVEY, DAN 146 COASTAL OAK CIRCLE PONTE VEDRA BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROWLEY, KARIM 112 COASTAL OAK CIRCLE PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORAGGIO, JON 128 COASTAL OAK CIRCLE PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin Vander Kolk - Vice President 110 Coastal Oak Circle Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jean Davit - Treasurer 111 Coastal Oak Circle Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donna Hazouri - Director 181 Coastal Oak Circle Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kelly Stroupe - Secretary 180 Coastal Oak Circle Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ellen Wawrzyniak - Director 166 Coastal Oak Circle Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Cynthia O'Neil</i>		ACTING AGENT		1/17/06 901-273-9832	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	