

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90044 032 ****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**

40028833



DO NOT WRITE IN THIS SPACE

02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2953478

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**O'NEAL, CYNTHIA
C/O MAY MANAGEMENT SERVICES INC
10036 SAWGRASS DR W STE 1
PONTE VEDRA BEACH, FL 32082**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CAVEY, DAN**
STREET ADDRESS **146 COASTAL OAK CIRCLE**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

[Signature] **Jean G. DAVIT, Treasurer** **2/27/07**