

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27861

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** SEAWALK AT PONTE VEDRA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10036 SAWGRASS DRIVE  
SUITE 1  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

10036 SAWGRASS DRIVE  
SUITE 1  
PONTE VEDRA BEACH, FL 32082 US

**Current Mailing Address:**

10036 SAWGRASS DRIVE  
SUITE 1  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

5455 AIA S  
SUITE 3  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 59-2953478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'NEAL, CYNTHIA  
C/O MAY MANAGEMENT SERVICES INC  
5455 AIA ST  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

MAY MANAGEMENT SERVICES, INC.  
5455 AIA S  
SUITE 3  
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE: ANNA MARKS

03/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KIERAN, ROSEMARIE  
Address: 168 COSTAL OAK CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V ( ) Delete  
Name: COOPER, PHILIP  
Address: 136 COASTAL OAK CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T ( ) Delete  
Name: HAZOURI, THOMAS  
Address: 181 COASTAL OAK CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S (X) Delete  
Name: TEIFER, CHERYL  
Address: 142 COASTAL OAK CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TARLETON, PAUL  
Address: 5455 AIA S  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: VP (X) Change ( ) Addition  
Name: STROUPE, RANDY  
Address: 5455 AIA S  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: T (X) Change ( ) Addition  
Name: DAVIT, JEAN  
Address: 5455 AIA S  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN DAVIT

T

03/04/2009

Electronic Signature of Signing Officer or Director

Date