

FILE NOW: FILING FEE IS \$61.25

pg. 1 of 2



DEPARTMENT OF REVENUE  
Sandra Mortha  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAY 27 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #N 35744 (4)  
1. Corporation Name  
**THE FALLS AT SAWGRASS VILLAGE  
CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
3103 Sawgrass Village Circle 3103 Sawgrass Village Circle  
Ponte Vedra Beach, Florida 32082 Ponte Vedra Beach, Florida 32082

|                                |  |                        |  |                                   |  |                                                                                         |  |
|--------------------------------|--|------------------------|--|-----------------------------------|--|-----------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified |  | 3a. Date of Last Report                                                                 |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number                     |  | Applied For                                                                             |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired  |  | Not Applicable                                                                          |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing    |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  |
| 24 Country                     |  | 29 Country             |  | 7. Trust Fund Contribution        |  | 9. Yes <input type="checkbox"/> No <input type="checkbox"/>                             |  |

9. Name and Address of Current Registered Agent  
**C.P. CONNOLLY**  
Association Management  
of Ponte Vedra, Inc.  
3103 Sawgrass Village Circle  
Ponte Vedra Beach, Florida 32082

|                                                       |             |
|-------------------------------------------------------|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name                                               |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **C.P. Connolly** **CAM** DATE **4/11/97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|                              |                            |                                                       |                       |
|------------------------------|----------------------------|-------------------------------------------------------|-----------------------|
| 12. OFFICERS AND DIRECTORS   |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
| TITLE                        | NAME                       | 1.1 TITLE                                             | 1.2 NAME              |
| PD                           | WHEAT, FRED                | 700002196767--7                                       | -05/30/97--01119--014 |
| 216 LAUREL LN                | PONTE VEDRA BEACH FL 32082 | *****61.25                                            | *****61.25            |
| TITLE                        | NAME                       | 2.1 TITLE                                             | 2.2 NAME              |
| STD                          | DONDERO, HELENE            |                                                       |                       |
| 3104 SAWGRASS VILLAGE CIRCLE | PONTE VEDRA BEACH FL 32082 |                                                       |                       |
| TITLE                        | NAME                       | 3.1 TITLE                                             | 3.2 NAME              |
| JD                           | HANA, RICHARD              | 700002196767--7                                       | -05/30/97--01119--013 |
| 3207 SAWGRASS VILLAGE CIRCLE | PONTE VEDRA BEACH FL 32082 | *****61.25                                            | *****61.25            |
| TITLE                        | NAME                       | 4.1 TITLE                                             | 4.2 NAME              |
|                              |                            |                                                       |                       |
| TITLE                        | NAME                       | 5.1 TITLE                                             | 5.2 NAME              |
|                              |                            |                                                       |                       |
| TITLE                        | NAME                       | 6.1 TITLE                                             | 6.2 NAME              |
|                              |                            |                                                       |                       |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Heleene Dondero** **4-17-97** **904 285-9894**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)

pg 12062

# ASSOCIATION MANAGEMENT of Ponte Vedra, Inc.

May 6, 1997

Ms. Leslie Sellers  
Florida Department of State  
P. O. Box 1159  
Tallahassee, FL 32314

Dear Ms. Sellers:

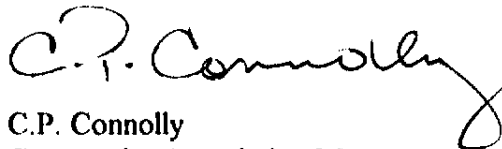
To follow up on our conversation earlier this week, please be advised that the previous management company of The Falls at Sawgrass Village office building failed to forward the 1996 Corporate Report to my office when we took over the management.

Enclosed is a check for \$61.25 for the report year 1996. You stated that the re-instatement fee would be waived since my office never received the renewal forms.

Enclosed is also the check for \$61.25 for the year 1997, as well as the completed 1997 Annual Report.

Thank you for your help with this matter.

Sincerely,



C.P. Connolly  
Community Association Manager

CPC:lww

Enclosures