FILE NOW: FILING FEE IS $61.25

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pg. 1 of 2

ANNUAL REPORT - 1997

DOCUMENT #N 35744 (4)

FILED
97 MAY 27 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
THE FALLS AT SAWGRASS VILLAGE CONDOMINIUM ASSOCIATION, INC.

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

3. Date Incorporated or Qualified: 12/20/1989
3a. Date of Last Report: 1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 59-3033952 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 FL 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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHEAT, FRED		1.2 NAME	700002196767--7
STREET ADDRESS	216 LAUREL LN		1.3 STREET ADDRESS	-05/30/97--01119--014
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DONDERO, HELENE		2.2 NAME	
STREET ADDRESS	3304 SAWGRASS VILLAGE CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	700002196767--7 ☐ Addition
NAME	HANA, RICHARD		3.2 NAME	-05/30/97--01119--013
STREET ADDRESS	3207 SAWGRASS VILLAGE CIRCLE		3.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. 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 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: [signature] 4-17-97 (904) 285-9894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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

C.P. Connolly
Community Association Manager

CPC:lww

Enclosures

3103 Sawgrass Village Circle • Ponte Vedra Beach, FL 32082 • (904) 285-9894