

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35744

1. Entity Name

THE FALLS AT SAWGRASS VILLAGE CONDOMINIUM ASSOCI

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90019 029 ****61.25

Principal Place of Business

3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082

Mailing Address

3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082-5032



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3033952**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNOLLY, C.P.
ASSOC. MGMT. OF PONTE VEDRA, INC.
3103 SAWGRASS VILLAGE CIR.
PONTE VEDRA BEACH FL 32082

Name

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.

SIGNATURE

C.P. Connolly *CHM*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-300

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **WHEAT, FRED**
STREET ADDRESS **216 LAUREL LANE**
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **PONDERO, HELENE**
STREET ADDRESS **3304 SAWGRASS VILLAGE DR.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **HANA, RICHARD**
STREET ADDRESS **3207 SAWGRASS VILLAGE CIRCLE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Fred Wheat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00 285-7299