


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90080 036 \*\*\*\*61.25

<b>DOCUMENT # N35744</b> 1. Entity Name THE FALLS AT SAWGRASS VILLAGE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082	Mailing Address 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082
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**50035165**



03302005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3033952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CONNOLLY, C.P. ASSOC. MGMT. OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIR. PONTE VEDRA BEACH, FL 32082
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEAT, FRED 144 N. ROSCOE BLVD PONTE VEDRA BCH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COFFEE, JAMES 3304 SAWGRASS VILLAGE DR. PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANA, RICHARD 3207 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 E. Wheat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-05 904/885-7299