

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N35744 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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04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3033952	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 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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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 <u>C.P. Connolly</u> Signature, typed or printed name of registered agent and title if applicable.	<u>C.P. CONNOLLY</u> (NOTE: Registered Agent signature required when reinstating)	<u>4.5.06</u> DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	FILED 05/18/06 05/02/06-80025-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing, does not qualify for the exemptions contained 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 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: <u>Fred B. Wheat</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>4-7-06</u> Date	<u>(904) 285-7299</u> Daytime Phone #