## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N35744

1. Entity Name



**FILED** Apr 09, 2003 8:00 am Secretary of State
04-09-2003 90134 028 \*\*\*\*61.25

THE FALI ATION, IN	LS AT SAWGRASS VILLAGE O NC.	CONDOMINIUM ASSO	CI		013 1 020 01.	<b>2</b> 3
Principal Place of Business 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082  Mailing Address 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082  Mailing Address 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082				-		
					IION AIGAI BADIN AKAN DIQIN BA	NI <b>810</b> 14 4901
2. Principal Place of Business 3.		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF	MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3033952 Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Add	
	6. Name and Address of Current F		<del> </del>	7. Name and Address of New Re	Fee Require	<u> </u>
			Name			
CONNOLLY, C.P. ASSOC. MGMT. OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIR. PONTE VEDRA BEACH FL 32082			Street Address	(P.O. Box Number is Not Acceptable)		
			City		FL Zip Code	e
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of Flori		and accept
the obliga	tions of registered agent.		-	• .		·
SIGNATURE	a. R. Com	ollu C.R.	CONNOLL	MAD I~	47/2	3
SIGNATORIE	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE:	Registered Agent signature require	d when reinstating)	DATE	<del></del>
· FILE NUME FEE IS SOLZS		9. Election Cam Trust Fund Co	· • • •		e Check Payable a Department of S	
10.	OFFICERS AND DIRI	ECTORS	11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN	10
ıııţe	PD WHEAT, FRED	☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS	144 N. ROSCOE BLVD		NAME STREET ADDRESS			
.CITY-ST-ZIP	PONTE VEDRA BCH FL 32082		CITY-ST-ZIP			
TJŤLE	STD PONDÉRO, HELENE	☐ Delete	TITLE		Change	☐ Addition
NAME STREET ADDRESS	3304 SAWGRASS VILLAGE DR.		NAME STREET ADDRESS			j
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	and the second s	-CITY-ST-ZIP-===================================	sa ta see see sa an		
TITLE	VD .	☐ Delete	TITLE		☐ Change	☐ Addition
NAME STREET ADDRESS	HANA, RICHARD   3207 SAWGRASS VILLAGE CIRCL	F	NAME STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	-	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			İ
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	☐ Addition
NAME	1					
NAME STREET ADDRESS			NAME STREET ADDRESS			

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 eath; 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: