

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90123 026 \*\*\*\*61.25

**DOCUMENT # N40309**

1. Entity Name

HIDDEN OAKS OF PONTE VEDRA ASSOCIATION, INC.



Principal Place of Business

200 EXECUTIVE WAY, SUITE 111  
PONTE VEDRA BEACH FL 32082  
US

Mailing Address

200 EXECUTIVE WAY, SUITE 111  
PONTE VEDRA BEACH FL 32082  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3171016

Applied For

Not Applicable

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

EWING, JOHN T  
200 EXECUTIVE WAY, SUITE 111  
PONTE VEDRA 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete  
NAME CONNELLY, MARC  
STREET ADDRESS 200 OAKPOINT CIRCLE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE STD ☐ Delete  
NAME BARNHARD, SARAH  
STREET ADDRESS 117 OAK VIEW CIRCLE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE D ☒ Delete  
NAME COOK, MARLA  
STREET ADDRESS 129 OAK VIEW CIRCLE  
CITY-ST-ZIP PONTE VEDRA FL 32082

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

TITLE D ☐ Delete  
NAME SAMPSON, PEARL  
STREET ADDRESS 116 OAK VIEW 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 T  
STREET ADDRESS LEITHA COATES  
CITY-ST-ZIP 122 OAK VIEW CIRCLE  
PONTE VEDRA, FL 32082

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME O  
STREET ADDRESS DAWN SINISGALI  
CITY-ST-ZIP 132 OAK VIEW CIR.  
PONTE VEDRA, FL 32082

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:** *Sarah Barnhard* SARAH BARNHARD 4/15/4 904-280-7616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #