2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N40309

1. Entity Name

HIDDEN OAKS OF PONTE VEDRA ASSOCIATION, INC.



FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90283 013 ****61.25

			1/2						
Principal Plac	e of Business	Mailing Address	1						
200 EXECUTIVE WAY, SUITE 111 PONTE VEDRA BEACH FL 32082 US		200 EXECUTIVE WAY, SUITE 111 PONTE VEDRA BEACH FL 32082 US							
2. Principal Place of Business		3. Mailing Address				N BIBLI BENTO (1111) BOLID LEN DIO	11 BIBLI BIBLI BIBII GIBI) BIB	ETTIMI MI IMMI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/05)				
City & State		City & State			4. FEI Number Applied For S9-3171016 Not Applicable				
Zip Country		Zip	p Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	stered Agent		7. Name and Address of New Registered Agent				
				Name					
EWING, JOHN T 200 EXECUTIVE WAY, SUITE 111			Street Address		(P.O. Box Number is	Not Acceptable)			
PON	ITE VEDRA FL 32082		- 21						
			City				FL Zip Cod		
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.									
ino obligat	one of regions/oc agent.								
SIGNATURE									
	Signature, typed or printed name of registered agent a	ind title if applicable (NOTE	Registered Agent	signature required	o when reinstating)		DATE		
FILE NOW: FEE IS \$61,25 9. Election Campaign Trust Fund Contribut				ng 🔲	\$5.00 May Be Added to Fees		heck Payable epartment of s		
10.	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHAN	GES TO OFFICERS AN	ND DIRECTORS IN	<u> </u>	
TITLE	VPD	☐ Delete	TITLE	5			Change	Addition	
NAME	CONNELLY, MARC		NAME	MA	RCI CUM.	4 IELLY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	200 OAKPOINT CIRCLE		STREET ADDR						
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP	PO	HIE VE	ORA, FL37	-082		
TITLE	STD BARNHARD CARALL	☐ Delete	TITLE	7			(Change	Addition	
NAME STREET ADDRESS	BARNHARD, SARAH 117 OAK VIEW CIRCLE		NAME STREET ADDR	5/1	RAH BAR	MHARD			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP	00	OBK VI	DRH, FL 3 20	202		
TITLE	т	☐ Delete	TITLE	P	77 3 2 0 .21.	11/11/11/11/11	Change	Addition	
NAME	COATES, LEITHA	L. Delete	NAME	4/5/	THA COA	HTES .	Change	- Addition	
STREET ADDRESS	122 OAK VIEW CIRCLE		STREET ADDR	ESS 12	2 OAK VI)	WCIR			
CITY-ST-ZIP	PONTE VEDRA FL 32082		CITY-ST-ZIP	Po	M TE VE	ORA, 1-6 3 20	182		
TITLE	D	☐ Delete	TITLE				Change	Addition	
NAME	SAMPSON, PEARL		NAME	FIF	ARL SAM	PSOH			
STREET ADORESS	116 OAK VIEW CIRCLE		STREET ADDR	ESS // O	NOTE WER	RA 1-6320	8.5	:	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	f-1	CITY-ST-ZIP	D	14)12 0 1201	(F, 10320			
TITLE NAME		☐ Delete	TITLE	C.H	RIS ROM.	A-M 0	☐ Change	Addition	
STREET ADDRESS			NAME Street Addr	مما	OAK VI	EW CIR.			
CITY-ST-ZIP			CITY-ST-ZIP	Po	HJE VEK	RH, I-L 32	D#7.		
TITLE		□ Delete	TITLE	<u> </u>		<i>ــ د.</i>	☐ Change	☐ Addition	
NAME			NAME					hand . rountell	
STREET ADDRESS			STREET ADDR	ESS					
CITY-ST-ZIP			CITY-ST-ZIP	L					
12 hereby	pertify that the information supplied with	this filing does not qualify for	r the exempti	one contains	ad in Section 110 E	lacida Statuton I furth	or postify that the	information	

indicated on this report or supplied with his nimit does not qualify for the exemptions contained in Section 119, Horida 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: L'entres Coste

LEITHA CONTES

904-280-7616