

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46552

FILED
Apr 09, 2008
Secretary of State

Entity Name: THE POINTE AT PONTE VEDRA CONDOMINIUM ASSOCIATION II, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3105750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OWENS, SANDY
Address: 91 SAN JUAN DR #P2
City-St-Zip: PONTE VEDRA, FL 32082

Title: VPD () Delete
Name: NEWBERN, JAY
Address: 91 SAN JUAN DR #M1
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD () Delete
Name: DAMES, TOM
Address: 91 SAN JUAN DR #R1
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: DELLA PENNA, LOUIS
Address: 15 BRINDLEWOOD DR
City-St-Zip: NEW HOPE, PA 18938

Title: TD () Delete
Name: JETER JR, WILLIAM H
Address: 210 DRAYTON ISLAND RD
City-St-Zip: GEORGETOWN, FL 32139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: DICRISTINA, BILL
Address: 719 THORNINGTON DR
City-St-Zip: ROSWELL, GA 30075

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY OWENS

PD

04/09/2008

Electronic Signature of Signing Officer or Director

Date