## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 21, 2006 8:00 am Secretary of State 04-21-2006 90125 050 \*\*\*\*61.25

NAME STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082  TITLE NAME REEL, JEFFREY STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082  TITLE NAME STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082  TITLE NAME STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082  TITLE NAME STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082  TITLE TD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DOTE Change DAddition Change DAddition Change DAddition Change DAddition Change DAddition Change DAddition Change CHANGE STREET ADDRESS CITY-ST-ZIP DOTE Change Change DAddition Change CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP DOTE CHANGE Addition CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRE	DOCUMENT # N9300001303  1. Entity Name OLD PALM VALLEY HOMEOWNERS ASSOCIATION, INC.									04-21-200	J6 901 <i>2</i> 3	5 050	61.	23
Suite, Apt. #, etc.    City & State	200 EXECUTIVE WAY P. O. SUITE 111 PONT				P. O. BOX 2055					1 (\$182 IIIII BEIN <b>41</b>		8151 FIFED I	1014 <b>11</b> 111 1111	HELTI ITEI
City & State  Country  Countr	2. Principal Place of Business			3. Mailing Address										
EVALUATION   Section   S	Suite, Apt. #, etc.			Suite, Apt. #, etc.					01252006	Chg-NP	CR	2E037 (	(11/05)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named antity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Flor	City & State				City & State								<del> </del>	
EWING, JOHN T 200 EXECUTIVE WAY SUITE 111 PONTE VEDRA, FL 32082    City   FL   Zip Code	Zip Country											Fee	Required	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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  Filing Fee is \$81.25  Due by May 1, 2008  9. Election Campaign Financing Agris square required after remasked)  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE  PONTE VEDRA BEACH, FL 32082  FREEDMAN, RITA  STREET ADDRESS  TOTY-S1-7P  PONTE VEDRA BEACH, FL 32082  TITLE  POWER, JOSEPH  TOP ONTE VEDRA BEACH, FL 32082  TITLE  TOD ID delete  TITLE  TOD ID OBete  TITLE  TOD ID OBete  TITLE  TOD ID OBete  TITLE  TOD ID OBETE TARGESS  TOTY-S1-7P  PONTE VEDRA BEACH, FL 32082  TITLE  TOD ID OBETE TARGESS  TOTY-S1-7P  TOD ID OBETE TARGESS  TOTY-S1-7P  TOD ID OBETE TARGESS  TOTY-S1-7P  TOTHE VEDRA BEACH, FL 32082  TITLE  TOD ID OBETE TARGESS  TOTY-S1-7P  TOD ID OBETE TARGESS  TOTY-S1-7P  TOD ID OBETE TARGESS  TOTY-S1-7P  TOTHE VEDRA BEACH, FL 32082  TITLE  TOD ID OBETE TARGESS  TOTY-S1-7P  TOTHE VEDRA BEACH, FL 32082  TITLE  TOD ID OBETE TARGESS  TOTY-S1-7P  TOTHE VEDRA BEACH, FL 32082  TITLE  TOD ID OBETE TARGESS  TOTY-S1-7P  TOTHE VEDRA BEACH, FL 32082  TOTY-S1-7P  TOTHE VEDRA BEACH TO TARGES TO THE TARGES		6. Name	and Address of Current	Registered /	Agent		Name		7. Name and	Address of N	w Registe	red Age	int	
PONTE VEDRA, FL 32082  8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNATURE    Filing Fee is \$61.25								ddress (I	P.O. Box Number	er is Not Accep	table)			
SIGNATURE    Signature, typed or printed name of integrated agent and tate if acolectable.   (NOTE: Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (NOTE: Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (NOTE: Registered Agent agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (NOTE: Registered Agent agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (NOTE: Registered Agent agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (NOTE: Registered Agent agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (NOTE: Registered Agent agents)   (NOTE: Registered Agent agents			32082											
SIGNATURE    Signature, typed or prived name of registered agent and tale # applicable.   (NOTE: Registered Agent agrature required when rendative)   DATE							City					FL	Zip Code	<del>)</del>
Filling Fee is \$61.25   Due by May 1, 2006   Steetion Campaign Financing Due by May 1, 2006   Steeting Due by May 1, 2008   Steeting Due by May 2, 2017 Stee				r the purpos	of changing its	register	ed office o	r register	ed agent, or bo	th, in the State	of Florida.	l am fam	iliar with,	and accept
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    ITTLE   D		Signature, typed	d or printed some of perintered appear											
TITLE MAME STREET ADDRESS STREET ADD			no bullen imile & left many and and	suo one a appeca	ble. (NOT	E: Registere	d Agent signat	ture required	when reinstating)			ATE		
NAME STREET ADDRESS CITY-ST-ZP PONTE VEDRA BEACH, FL 32082  TITLE PD RAME STREET ADDRESS CITY-ST-ZP PONTE VEDRA BEACH, FL 32082  TITLE VPD PONTE VEDRA BEACH, FL 32082  TITLE TD TOTAL PONTE VEDRA BEACH, FL 32082  TITLE TOTAL PONTE VED		Filing Fe	e is \$61.25	and the mappeca	9. Election Car	праign F	Financing		\$5.00 May B		Make 0	heck p		
NAME STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082  TITLE VPD NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082  TITLE TD NAME STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082  TITLE TD DICARLO, GUY STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082  TITLE TD NAME STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082  TITLE TD NAME STREET ADDRESS CITY-ST-ZIP TITLE D DICARLO, GUY NAME STREET ADDRESS CITY-ST-ZIP TITLE D DICARLO, GUY STREET ADDRESS CITY-ST-ZIP TITLE D DICARLO, GUY STREET ADDRESS CITY-ST-ZIP TITLE D DEIGN STREET ADDRESS STREET		Filing Fe Due by M	ee is \$61.25 May 1, 2006		9. Election Car Trust Fund (	πpaign F Contribut	Financing tion.		\$5.00 May B Added to Fees		Make o	heck p	ent of St	ate
TITLE VPD Detete TITLE POWER, JOSEPH STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 TITLE NAME DICARLO, GUY STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 TITLE NAME DICARLO, GUY STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP  TITLE D D Detete TITLE NAME GIEHRL, JOHN NAME STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP  TITLE D D DETET DICARLO, GUY STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP  TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE D CHANGE CITY-ST-ZIP COURTY STREET ADDRESS CITY-ST-ZIP  TITLE D CHANGE CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP  TITLE D CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE D CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP  TITLE D CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP STREET ADDRESS S	10. TITLE NAME STREET ADDRESS	D FRIEDMA 252 SHEI	OFFICERS AND DIF	RECTORS	9. Election Car Trust Fund (	Tipaign F Contribut 11. TITL NAM STRI	Financing tion.  E  RE  EET ADDRESS		\$5.00 May B Added to Fees	ANGES TO OF	Make of Florida D	heck p epartm	ent of St	ate
TITLE TD Delete TITLE , Change Addition NAME DICARLO, GUY STREET ADDRESS 104 BUCK ISLAND COURT STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP  TITLE D DElete TITLE MAME SIREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP  TITLE D D Delete TITLE CURRY, CAROL STREET ADDRESS STREET ADDRESS 101 PALM BAY CT STREET ADDRESS	10. IITLE NAME STRIET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS	D FRIEDMA 252 SHEI PONTE V PD REEL, JE 217 SHEI	OFFICERS AND DIE OFFICERS AND DIE AN, RITA LL BLUFF CT. VEDRA BEACH, FL 320 EFFREY LL BLUFF CT	RECTORS	9. Election Car Trust Fund (	TIPAIGN F CONTRIBUT  11.  TITL NAM STRI CITY TITL NAM STRI	E EET ADDRESS		\$5.00 May B Added to Fees	ANGES TO OF	Make of Florida D	Pheck p epartm D DIREC	ent of St CTORS IN Change	10
NAME STREET ADDRESS 136 BEAR PEN RD STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082  TITLE D CURRY, CAROL STREET ADDRESS 101 PALM BAY CT  NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D FRIEDMA 252 SHEI PONTE V PD REEL, JE 217 SHEI PONTE V VPD POWER, 109 PALM	OFFICERS AND DIE  OFFICERS AND DIE  AN, RITA LL BLUFF CT. //EDRA BEACH, FL 320  EFFREY LL BLUFF CT //EDRA BEACH, FL 320  JOSEPH M BAY CT	RECTORS 082	9. Election Car Trust Fund (	TIPAIGN F CONTRIBUT  11. TITL NAM STRI CITY TITL NAM SIRI CITY TITL NAM SIRI STRI STRI STRI STRI STRI STRI STRI	E ALE EET ADDRESS (- ST- ZIP E ALE EET ADDRESS (- ST- ZIP E ALE EET ADDRESS (- ST- ZIP E ALE EET ADDRESS ALE EET ADDRESS ALE EET ADDRESS EET ADDRESS	TD D Sylve D D D	\$5.00 May B Added to Fees ADDITIONS/CH DISCORP JOSEPHONE WITE V	ANGES TO OF	Make of Florida D	20 d	ent of St CTORS IN Change	ate 10 Addition
NAME CURRY, CAROL NAME STREET ADDRESS 101 PALM BAY CT STREET ADDRESS	TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D FRIEDMA 252 SHEI PONTE V PD REEL, JE 217 SHEI PONTE V VPD POWER, 109 PALM PONTE V TD DICARLO 104 BUC	OFFICERS AND DIE  OFFICERS AND DIE  AN, RITA LL BLUFF CT. /EDRA BEACH, FL 320  EFFREY LL BLUFF CT /EDRA BEACH, FL 320  JOSEPH M BAY CT /EDRA BEACH, FL 320  O, GUY K ISLAND COURT	D82	9. Election Car Trust Fund 0  Delete  Delete	TIPAIGN F CONTRIBUT  11.  11.  11.  NAM STRI CITY TITL NAM STRI CITY	E AE EET ADDRESS /- ST- ZIP E AE EET ADDRESS EET ADDRESS	TD D Sylve D D D	\$5.00 May B Added to Fees ADDITIONS/CH DISCORP JOSEPHONE WITE V	ANGES TO OF	Make of Florida D	20 d	ent of St CTORS IN Change 2 2 Change 2 2 Change	10 Addition
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 each; that I am an officer or director.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D FRIEDMA 252 SHEI PONTE V PD REEL, JE 217 SHEI PONTE V VPD POWER, 109 PALM PONTE V TD DICARLO 104 BUC PONTE V D GIEHRL, 136 BEAL	OFFICERS AND DIE  OFFICERS AND DIE  AN, RITA LL BLUFF CT. /EDRA BEACH, FL 320  EFFREY LL BLUFF CT /EDRA BEACH, FL 320  JOSEPH M BAY CT /EDRA BEACH, FL 320  O, GUY K ISLAND COURT /EDRA BEACH, FL 320  JOHN R PEN RD	D82 D82 D82	9. Election Car Trust Fund (	TIPAIGN F CONTRIBUTE  11.  11.  11.  11.  NAM STRI CITY TITL NAM STRI	E AE EET ADDRESS /- ST- ZIP  E EET ADDRESS /- ST- ZIP	TD D Sylve D D D	\$5.00 May B Added to Fees ADDITIONS/CH DISCORP JOSEPHONE WITE V	ANGES TO OF	Make of Florida D	208	CTORS IN Change  Change  Change  Change	10 Addition Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR