## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2007 8:00 am Secretary of State

DOCUMENT # N940000014 1. Entity Name PONCE INLET VILLAS CONDOMINIUM INC.				01-22-2007 90078 033 ****61.25				
Principal Place of Business 4421 S. ATLANTIC AVENUE UNIT B-8 PONCE INLET, FL 32127	Mailing Address 83 SPRING RIDGE DR. DEBARY, FL 32713		4	40003232				
· · · · · · · · · · · · · · · · · · ·	Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apr. #, etc.	Suite, Apt. #, etc.	lidge 11	01082007	Chg-NP	CR2E037 (12/06)			
Pone Inlet FZ	Devara	FL	4. FEI Number 59-3337	544	<del></del>	oplied For ot Applicable		
32127 USA	32713	Country	5. Certificate o	Status Desired	S8.75 Add Fee Require			
6. Name and Address of Current Reg	gistered Agent	Name	7. Name and A	ddress of New R	egistered Agent			
GORDON, SUSAN		<u> </u>						
83 SPRING RIDGE DR. DEBARY, FL 32713	dress (P.O. Box Number	is Not Acceptable	<del></del>					
	•	City		<u> </u>	FL Zip Code	е		
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 SUCUS STOCK	Susan to	rdon	Treasure	8	1-15-07			
Signature, typed or printed name of registered agent and to	itie if applicable. (NOTE: F	Registered Agent signatur	re required when reinstating)		DATE			
	9. Election Camp Trust Fund Coi	aign Financing	\$5.00 May Be Added to Fees	ľ	DATE lake check payable to ida Department of Si			
Signature. hypod or printed name of registered agent and to Filling Fee is \$61.25 Due by May 1, 2007  10. OFFICERS AND DIREC	9. Election Camp Trust Fund Co	eaign Financing ntribution. [	\$5.00 May Be Added to Fees	Flor	lake check payable to ida Department of SI RS AND DIRECTORS IN	late		
Signature, typed or printed name of registered agent and to Filling Fee is \$61.25 Due by May 1, 2007  10. OFFICERS AND DIRECTOR P	9. Election Camp Trust Fund Cor	vaign Financing ntribution. [	\$5.00 May Be Added to Fees	Flor	lake check payable to	ate		
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indicated on this report or supplemental report is true and accurate parity for the exceptions contained in the same legal effect as if made under early that the archardor 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: RIW MOUN	Susan Lordon	Trocasurer	1-15-07-30	670S
~·~····	D HAME OF SIGNING OFFICER OR DIRECTOR	Dane	Daytime Pt	OICO (O