

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-22-2007 90078 033 \*\*\*\*61.25

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01082007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N94000001409</b> 1. Entity Name <b>PONCE INLET VILLAS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>4421 S. ATLANTIC AVENUE UNIT B-8 PONCE INLET, FL 32127</b>		Mailing Address <b>83 SPRING RIDGE DR. DEBARY, FL 32713</b>	
2. Principal Place of Business - No P.O. Box # <b>4421 S. ATLANTIC Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>83 Spring Ridge Dr</b> Suite, Apt. #, etc.	
City & State <b>Ponce Inlet FL</b> Zip <b>32127</b>		City & State <b>Debary FL</b> Zip <b>32713</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3337544</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GORDON, SUSAN 83 SPRING RIDGE DR. DEBARY, FL 32713</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Susan Gordon</u> <u>Susan Gordon Treasurer</u> <u>1-15-07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLACKMAN, KATHLEEN</b> <input checked="" type="checkbox"/> Delete <b>4421 S. ATLANTIC AVE. UNIT B-8</b> <b>PONCE INLET, FL 32127</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>RUFFIN, LEONARD</b> <b>4499 EAST KINGS POINT CIRCLE</b> <b>DUNWOODY, GA 30338</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ruffin, Leonard</b> <b>4499 East Kings Pt Circle</b> <b>Dunwoody, GA 30338</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>GORDON, SUSAN</b> <b>83 SPRING RIDGE DR.</b> <b>DEBARY, FL 32713</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Pam Blackadar</b> <b>4421 S. ATLANTIC Ave Unit A-1</b> <b>Ponce Inlet FL 32127</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Susan Gordon</u> <u>Susan Gordon Treasurer</u> <u>1-15-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-15-07</u> Daytime Phone # <u>386 785 8156</u>	