


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90011 004 \*\*\*\*70.00

<b>DOCUMENT # N94000001409</b> 1. Entity Name <b>PONCE INLET VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4421 S. ATLANTIC AVENUE 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>		3. Mailing Address <b>1717 Pineberry CT</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Ponce Inlet FL</b>		City & State <b>Lakeland FL</b>		4. FEI Number <b>59-3337544</b>	
Zip <b>32127</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32127</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <b>Laurie Melton</b> Street Address (P.O. Box Number is Not Acceptable) <b>1717 Pineberry Court</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33803</b>		
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><i>Laurie Melton</i></u> <u>Treasurer</u> <u>4/1/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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>RUFFIN, LEONARD</b> <input type="checkbox"/> Delete <b>4499 EAST KINGS POINT CIRCLE</b> <b>DUNWOODY, GA 30338</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>T</b> <b>Laurie Melton</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1717 Pineberry CT</b> <b>Lakeland, FL 33803</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" 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	<b>S</b> <input type="checkbox"/> Delete <b>BLACKADAR, PAM</b> <b>4421 SOUTH ATLANTIC AVE UNIT A-1</b> <b>PORT ORANGE, 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	<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	
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.					
<b>SIGNATURE:</b> <u><i>Laurie Melton</i></u> <u>4/1/08</u> <u>863-687-4506</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					