


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90174 003 ****61.25

DOCUMENT # N94000002090					
1. Entity Name COLONY AT PONTE VEDRA I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10033 SAWGRASS DR W 102 PONTE VEDRA, FL 32082 US			Mailing Address 10033 SAWGRASS DR W 102 PONTE VEDRA, FL 32082 US		
2. Principal Place of Business - No P.O. Box # 200 EXECUTIVE WAY		3. Mailing Address P.O. BOX 3362			
Suite, Apt. #, etc. # 206		Suite, Apt. #, etc.			
City & State PONTE VEDRA BEACH FL		City & State PONTE VEDRA BEACH FL		4. FEI Number 59-3276889	
Zip 32082		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENO, WILLIAM H II 10033 SAWGRASS DR W 102 PONTE VEDRA, FL 32082		7. Name and Address of New Registered Agent Name <u>J. TERRY KEYSER</u> Street Address (P.O. Box Number is Not Acceptable) 200 EXECUTIVE WAY #206 City <u>PONTE VEDRA BEACH</u> <u>FL</u> <u>32082</u>			
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 <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE <u>J. Terry Keyser</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> <u>3.15.07</u> <small>DATE</small> </div> </div>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PT NAME CRONKITE, LUCIAN STREET ADDRESS 14 PONTE VEDRA COLONY CIRCLE CITY-ST-ZIP PONTE VEDRA BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE PT NAME CRONKITE, JOHN STREET ADDRESS 14 Ponte Vedra Colony Circle CITY-ST-ZIP Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CAPASSO, DEANN STREET ADDRESS 161 BEN PEN RD CITY-ST-ZIP PONTE VEDRA BEACH, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME FRANKEL, CAREY STREET ADDRESS 11 PONTE VEDRA COLONY CIRCLE CITY-ST-ZIP PONTE VEDRA, FL 32082	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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>John R. Cronkite</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/31/07</u> <small>Date</small>		<u>904 614-5541</u> <small>Daytime Phone #</small>