

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90069 002 \*\*\*\*61.25

**DOCUMENT # N94000002090**

1. Entity Name

COLONY AT PONTE VEDRA I CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

200 EXECUTIVE WAY  
206  
PONTE VEDRA FL 32082  
US

Mailing Address

P.O. BOX 3362  
PONTE VEDRA BEACH FL 32004  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3276889**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEYSER, TERRY J  
200 EXECUTIVE WAY #206  
PONTE VEDRA FL 32082

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME CRONKITE, JOHN ☐ Delete  
STREET ADDRESS 14 PONTE VEDRA COLONY CIRCLE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D  
NAME CAPASSO, DEANN ☐ Delete  
STREET ADDRESS 161 BEN PEN RD  
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE D ☒ Delete  
NAME FRANKEL, CAREY  
STREET ADDRESS 11 PONTE VEDRA COLONY CIRCLE  
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS ADAM LABARBERA  
CITY-ST-ZIP 12406 MIKE DRIVE  
JACKSONVILLE, FL 32223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*John R Cronkite*

3.31.08 904614554