

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002090

FILED
Jan 29, 2009
Secretary of State

Entity Name: COLONY AT PONTE VEDRA I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 EXECUTIVE WAY
206
PONTE VEDRA, FL 32082 US

New Principal Place of Business:

2201 SAWGRASS VILLAGE DRIVE
PONTE VEDRA, FL 32082 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3276889 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KEYSER, TERRY J
2201 SAWGRASS VILLAGE DRIVE
PONTE VEDRA, FL 32082 US

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.

SIGNATURE: _____

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CRONKITE, JOHN
Address: 14 PONTE VEDRA COLONY CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: CAPASSO, DEANN
Address: 161 BEN PEN RD
City-St-Zip: PONTE VEDRA BEACH, FL

Title: D () Delete
Name: LABARBERA, ADAM
Address: 12406 MIKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAPASSO, DEANN
Address: 161 BEAR PEN RD
City-St-Zip: PONTE VEDRA BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CRONKITE

PT

01/29/2009

Electronic Signature of Signing Officer or Director

Date