

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90103 013 ****61.25

DOCUMENT # N94000003465

1. Entity Name

OAKLEIGH POINTE UNIT TWO HOMEOWNERS' ASSOCIATION

Principal Place of Business

8081 PHILIPS HIGHWAY, SUITE 14
JACKSONVILLE FL 32256
US

Mailing Address

8081 PHILIPS HIGHWAY, SUITE 14
JACKSONVILLE FL 32256
US

Address



DO NOT WRITE IN THIS SPACE

Association Management of Ponte Vedra, Inc.

103 Sawgrass Village Circle

Ponte Vedra Beach, FL 32082

Association Management of Ponte Vedra, Inc.

3103 Sawgrass Village Circle

Ponte Vedra Beach, FL 32082

EI Number

59-3293439

Applied For

Not Applicable

Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Name and Address of New Registered Agent

6. Name and Address of

MCGREGOR, DEBRA
8081 PHILLIPS HWY
SUITE 14
JACKSONVILLE FL 32256

C.P. CONNOLLY
Association Management of Ponte Vedra, Inc.
3103 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

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.

SIGNATURE

C.P. Connolly **C.P. CONNOLLY** *ADM*

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

(NOTE: Registered Agent signature required when reinstating)

4-30-01

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MCGREGOR, DEBRA 8081 PHILIPS HWY STE 14 JACKSONVILLE FL 32256 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BRANTOLD, VICKIE 8081 PHILIPS HWY STE 14 JACKSONVILLE FL 32256 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST GRAY, CLIFF 8081 PHILIPS HWY STE 14 JACKSONVILLE FL 32256 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST MOLYNEAUX, JOHN 8081 PHILIPS HWY STE 14 JACKSONVILLE FL 32256 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP COLTON, RALPH 8081 PHILIPS HWY STE 14 JACKSONVILLE FL 32256 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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 exemption stated in Section 119.07(3)(i), 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:

Ralph Colton **RALPH COLTON**, PRESIDENT

Date

Daytime Phone #

4-30-01

904-733-7308

CR2E037 (10/00)