SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -2 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003854 (6)**

1. Corporation Name
COLONY AT PONTE VEDRA II CONDOMINIUM ASSOCIATION , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1600 SUN BANK BLDG. 200 W FORSYTH ST JACKSONVILLE FL 32202	1600 SUN BANK BLDG. 200 W FORSYTH ST JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 08/02/1994
3a. Date of Last Report:
4. FEI Number: 59-3276890 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 ASSOCIATION MANAGEMENT	26 ASSOCIATION MANAGEMENT
Suite, Apt. #, etc.: 22 3103 SAWGRASS VILLAGE CIR	Suite, Apt. #, etc.: 27 3103 SAWGRASS VILLAGE CIR
City & State: 23 PONTE VEDRA BEACH FL	City & State: 28 PONTE VEDRA BEACH, FL
Zip: 24 32082 Country: 25 USA	Zip: 29 32082 Country: 30 USA

9. Name and Address of Current Registered Agent

DUSS, JOHN S
1600 SUN BANK BLDG.
200 W FORSYTH ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: C.R. CONNOLLY
82 Street Address (P.O. Box Number is Not Acceptable): ASSOCIATION MANAGEMENT of PONTE VEDRA
83: 3103 SAWGRASS VILLAGE CIRCLE
84 City: PONTE VEDRA BEACH FL 85 Zip Code: 32082

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: C.R. Connolly CRM (Signature, type or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 7/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	P	11 TITLE	PD ☒ Change ☐ Addition
NAME	SISK, JOHN K	12 NAME	THOMAS B. ALLGOOD
STREET ADDRESS	1650 PRUDENTIAL DR, 100	13 STREET ADDRESS	24 PONTE VEDRA COLONY CIRCLE
CITY ST ZIP	JACKSONVILLE FL 32207	14 CITY ST ZIP	PONTE VEDRA BEACH FL 32082
TITLE		21 TITLE	VPD ☒ Change ☐ Addition
NAME		22 NAME	JUDITH ROWLAND
STREET ADDRESS		23 STREET ADDRESS	23 PONTE VEDRA COLONY CIRCLE
CITY ST ZIP		24 CITY ST ZIP	PONTE VEDRA BEACH FL 32082
TITLE		31 TITLE	TD ☒ Change ☐ Addition
NAME		32 NAME	JANE INGRAM
STREET ADDRESS		33 STREET ADDRESS	28 PONTE VEDRA COLONY CIRCLE
CITY ST ZIP		34 CITY ST ZIP	PONTE VEDRA BEACH, FL 32082
TITLE		41 TITLE	SD ☒ Change ☐ Addition
NAME		42 NAME	TRUDY BELKIN
STREET ADDRESS		43 STREET ADDRESS	25 PONTE VEDRA COLONY CIRCLE
CITY ST ZIP		44 CITY ST ZIP	PONTE VEDRA BEACH FL 32082
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Thomas B. Allgood 7/06/95 904-273-3152
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0000030