FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N94000003854 (6)

1. Corporation Name

COLONY AT PONTE VEDRA II CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
ASSOCIATION MANAGEMENT 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082 US	ASSOCIATION MANAGEMENT 3103 SAWGRAS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082 US

3. Date Incorporated or Qualified: 08/02/1994
3a. Date of Last Report: 08/02/1995
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
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CP CONNOLLY
ASSOCIATION MANAGEMENT OF PONTE VEDRA
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32080

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.P. Connolly/ CAM C.P. CONNOLLY 4-19-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALLGOOD, THOMAS B		1.2 NAME		
STREET ADDRESS	24 PONTE VEDRA COLONY CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROWLAND, JUDITH		2.2 NAME		
STREET ADDRESS	23 PONTE VEDRA COLONY CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	INGRASM, JANE		3.2 NAME	INGRAM, JANE	
STREET ADDRESS	28 PONTE VEDRA COLONY CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	STD	☒ Change ☐ Addition
NAME	BEKIN, TRUDY		4.2 NAME		
STREET ADDRESS	25 PONTE VEDRA COLONY CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Thomas B. Allgood 4/29/96 904/285-9894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #