2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003854

1. Entity Name

COLONY AT PONTE VEDRA II CONDOMINIUM ASSOCIATION

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90003 021 ****61.25

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 32082-5032 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3276890 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CP CONNOLLY ASSOCIATION MANAGEMENT OF PONTE VEDRA 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32080	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.

SIGNATURE C.P. Connolly CPM 4/6/00
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	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALLGOOD, THOMAS B 24 PONTE VEDRA COLONY CIRCLE PONTE VEDRA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD INGRAM, JANE 28 PONTE VEDRA COLONY CIRCLE PONTE VEDRA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BEKIN, TRUDY 25 PONTE VEDRA COLONY CIRCLE PONTE VEDRA BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SWILLEN, ED 14 NORTHGATE DR. PONTE VEDRA FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NANIAN, RAMESH R 22 PONTE VEDRA COLONY CIRCLE PONTE VEDRA BEACH FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Thomas Allgood THOMAS ALLGOOD 04/06/00 285-3172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #