

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003854

FILED
Apr 12, 2005
Secretary of State

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

Current Principal Place of Business:

25 POINTE VEDRA COLONY CIR
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

25 PONTE VEDRA COLONY CIR
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

25 POINTE VEDRA COLONY CIR
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

25 PONTE VEDRA COLONY CIR
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-3276890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, ERNESTINE L
10161 CENTURION PARKWAY N.
SUITE #150
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

ASHLEY, PAT
25 PONTE VEDRA COLONY CIRCLE
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: PAT ASHLEY

04/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ASHLEY, PAT
Address: 25 PONTE VEDRA COLONY CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: WOODS, GERALDINE F
Address: 23 PONTE VEDRA COLONY CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DST () Delete
Name: WRIGHT, JAMES
Address: 26 POINTE VEDRA COLONY CIRCLE
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: GAROFALO, EILEEN
Address: 1744 HEATHERWOOD DRIVE
City-St-Zip: FRUIT COVE, FL 32259

Title: DST (X) Change () Addition
Name: WOODS, GERALDINE F
Address: 23 PONTE VEDRA COLONY CIRCLE
City-St-Zip: PONTE VEDRA, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAT ASHLEY

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date