2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

DOCUMENT # N9400004745 1. Entity Name THE GROVE AT PONTE VEDRA HOMEOWNERS ASSOCIATION, INC.									04-13-20	006 90284	010 ****6	51.25
Principal Place of Business Mailing Address 920 THIRD ST 920 THIRD ST STE B STE B NEPTUNE BEACH, FL 32266 US NEPTUNE BEAC					32266	US		I (BB(MB) B)S	600278 			
2. Principal Place of Business 3. N			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03292006	Chg-NP	CR2E	037 (11/05)	
City & State			City	City & State				4. FEI Number Applied For 59-3266226 Not Applicable				
Zip	Country		Zip		Cou	Country		5. Certificate of	of Status Desir	ed 🔲	\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registere	d Agent				7. Name and	Address of No	w Registered	l Agent	
WALLACE, L DENISE 920 THIRD ST STE B						Name Street Address (P.O. Box Number is Not Acceptable)						
NEPTUNE	BEACH,	FL 32266										
,						City		FL Zip Code				е
	named entity ions of regist	y submits this statement fo ered agent.	r the purpo	ose of changing its	register	ed office or	register	ed agent, or both	n, in the State	of Florida. I ar	n familiar with,	and accept
, alunature -												
	Signature, typed	or printed name of registered agent	and title if appl	licable. (NOTE	: Registere	d Agent signat	ure required	when reinstating)		DATE		
	Filing Fe	or printed name of registered agent. e is \$61.25 flay 1, 2006	and litte if appl	9. Election Can Trust Fund C	npaign F	inancing	ure required	\$5.00 May Be Added to Fees	9	Make che	ck payable t	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURES C SELAVEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRILLIS C'SELANDER

Daytime Phone #