

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90015 009 \*\*\*\*61.25

**DOCUMENT # N95000005272**

1. Entity Name  
**OLD PONTE VEDRA MARSHSIDE HOMEOWNERS  
ASSOCIATION, INC.**



Association Management  
of Ponte Vedra  
3108 Sawgrass Village Circle  
Ponte Vedra Beach, FL 32082

Association Management  
of Ponte Vedra  
3108 Sawgrass Village Circle  
Ponte Vedra Beach, FL 32082



Suite, Apt. #, etc.	Suite, Apt. #, etc.	04232008	Chg-NP	CR2E037 (12/06)
City & State	City & State	4. FEI Number 59-3353819	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent WALLACE, DENISE L 920 THIRD ST. SUITE B NEPTUNE BEACH, FL 32266	7. Name and Address of New Registered Agent Name <u>C.P. CONNOLLY</u> Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered agent.  
Signature: C.P. Connolly C.P. CONNOLLY CAM 4-23-08  
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, GLORIA 129 OLD PONTE VEDRA DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD1 SANDERS, MICHAEL 116 OLD PONTE VEDRA DR PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD2 GALLOWAY, TED 109 OLD PONTE VEDRA DR. PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SATRE, JUDITH 121 OLD PONTE VEDRA DR. PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEPIS, FRAN 113 OLD PONTE VEDRA DR PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORTON, STEPHAN 105 OLD PONTE VEDRA DR PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYNN TEDRICK, TRACIE 132 OLD PONTE VEDRA DR. PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Tracie Lynn Tedrick 4/28/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #