

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001765

FILED
Feb 10, 2006
Secretary of State

Entity Name: SOUTH BEACH AT PONTE VEDRA HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

140 SOUTH BEACH DRIVE
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 263
SAINT AUGUSTINE, FL 32095 US

New Mailing Address:

FEI Number: 59-3485098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN, ROBERT PRES
140 SOUTHBEACH DRIVE
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FARMER, SCOTT
Address: 137 SOUTH BEACH DR.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: JOHN, FREEMAN
Address: 144 SOUTH BEACH DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: LANGTON, IRENE
Address: 164 SOUTHBEACH DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DS () Delete
Name: STEINER, CAROL
Address: 160 SOUTH BEACH DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DP () Delete
Name: JEAN, ROBERT
Address: 140 SOUTH BEACH DR.
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REMLEY, SCOTT
Address: 132 SOUTH BEACH DR.
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

Title: DS (X) Change () Addition
Name: FRAHER, CINDY
Address: 209 ISLAMARADA COURT
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT W. JEAN

DP

02/10/2006

Electronic Signature of Signing Officer or Director

_____ Date