

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# N97000001765

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

Current Principal Place of Business:

120 SOUTH BEACH DRIVE
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 263
SAINT AUGUSTINE, FL 32085 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:

FAISON, BROOKS
120 SOUTH BEACH 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: DV () Delete
Name: REMLEY, SCOTT
Address: 132 SOUTH BEACH DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DP () Delete
Name: FAISON, BROOKS
Address: 120 SOUTH BEACH DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT () Delete
Name: HOLLAND, RITA
Address: 104 SOUTH BEACH DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DS () Delete
Name: PATTERSON, SUSAN
Address: 137 SOUTH BEACH DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DD () Delete
Name: DAVIES, MARY ANNE
Address: 116 SOUTH BEACH DR.
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: DAVIES, MARY ANNE
Address: 116 SOUTH BEACH DRIVE
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: STEINER, CAROL
Address: 160 SOUTH BEACH DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DD (X) Change () Addition
Name: BELFRANIN, SLAVO
Address: 128 SOUTH BEACH DR.
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify 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: RITA D. HOLLAND/SBHOA TREASURER

DT

04/14/2009

Electronic Signature of Signing Officer or Director

Date