


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90150 028 ****61.25

DOCUMENT # N98000003347

1. Entity Name
GREATER SANS SOUCI NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
~~6129 SACK DRIVE N~~
JACKSONVILLE, FL 32216

Mailing Address
POST OFFICE BOX 10212
JACKSONVILLE, FL 32247

2. Principal Place of Business - No P.O. Box #
6500 Beach Blvd

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
F

Zip
32216

Country
USA



01102008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3514574

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FRIAR, ANN E
6500 BEACH BLVD
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	S DENNEY, DONNA 6417 LOU COURT JACKSONVILLE, FL 32216 <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	T POTTER, VERONICA 6129 SACK DRIVE N JACKSONVILLE, FL 32216 <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	D HAMEL, JOHN 2466 PROVOST COURT JACKSONVILLE, FL 32216 <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	D OWENS, MARK 6240 BENNETT ROAD JACKSONVILLE, FL 32216 <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	D LEON, JOHN 2117 SAUL DRIVE JACKSONVILLE, FL 32216 <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	D NESBITT, KEVIN 2161 WEST ROAD JACKSONVILLE, FL 32216 <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: *John M. Hamel* **John M. Hamel, Treasurer** 4/30/08 904 887 6805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40093946

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT
Separate Sheet

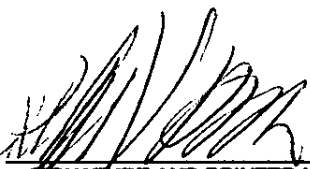
DOCUMENT # N01000002065

Ocean Links of Ponte Vedra Condominium Association, Inc.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	√ Addition
NAME	Dal-R. Sontag	
STREET ADDRESS	500 Sandiron Circle, Unit 512	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	

TITLE	D	√ Addition
NAME	Kory R. Williams	
STREET ADDRESS	200 Ironwood Drive, Unit 238	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	

SIGNATURE:  RICHARD V. BROWN 4/30/08

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE