


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N98000003347</b>					
<b>1. Entity Name</b> GREATER SANS SOUCI NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> <del>6129 SACK DRIVE N</del> JACKSONVILLE, FL 32216			<b>Mailing Address</b> POST OFFICE BOX 10212 JACKSONVILLE, FL 32247		
<b>2. Principal Place of Business - No P.O. Box #</b> 6500 Beach Blvd		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b> F		<b>4. FEI Number</b> 59-3514574	
<b>Zip</b> 32216		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FRIAR, ANN E 6500 BEACH BLVD JACKSONVILLE, FL 32216			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> S <b>NAME</b> DENNEY, DONNA <b>STREET ADDRESS</b> 6417 LOU COURT <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> POTTER, VERONICA <b>STREET ADDRESS</b> 6129 SACK DRIVE N <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HAMEL, JOHN <b>STREET ADDRESS</b> 2466 PROVOST COURT <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> OWENS, MARK <b>STREET ADDRESS</b> 6240 BENNETT ROAD <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LEON, JOHN <b>STREET ADDRESS</b> 2117 SAUL DRIVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> NESBITT, KEVIN <b>STREET ADDRESS</b> 2161 WEST ROAD <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>John M. Hamel</i> <i>John M. Hamel, Treasurer</i> 4/30/08 904 887 6805					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40093946

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT  
Separate Sheet

DOCUMENT # N01000002065

Ocean Links of Ponte Veda 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 Veda Beach, FL 32082	

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

SIGNATURE:

 RICHARD V. BROWN  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08  
DATE