

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90173 013 ****61.25

DOCUMENT # N99000006541					
1. Entity Name THE OVERLOOK IV OFFICE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082			Mailing Address 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3659475	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CONNOLLY, C P 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082				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 <u>C.P. Connolly</u> <u>C.P. CONNOLLY</u> <u>4.5.06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD PORTA, JOHN D 135 PROFESSIONAL DR, SUITE 107 PONTE VEDRA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD DAVIS, DAN P.O. BOX 368 BROOKS GA 30205	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD DAVIS, MONIQUE P.O. BOX 368 BROOKS, GA 30205		TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD HUBER, KELLYEL W 135 PROFESSIONAL DR, SUITE 105 PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD HUBER, KELLYEL W 135 PROFESSIONAL DR, SUITE 105 PONTE VEDRA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD HUBER, KELLYEL W 135 PROFESSIONAL DR, SUITE 105 PONTE VEDRA BEACH, FL 32082	
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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: <u>JOHN DELLA PORTA</u> <u>4/13/06</u> <u>904 2804151</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					