



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90011 020 ****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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3659475				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04182007 Chg-NP CR2E037 (12/06)	
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 C.P. CONNOLLY CAM</u> DATE <u>4-18-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revesting)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELLA PORTA, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, DAN P.O. BOX 368 BROOKS, GA 30205	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEAL, BLAKE 135 PROFESSIONAL DR 101 PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUBER, KELLY W 135 PROFESSIONAL DR, SUITE 105 PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHWARTZ, MARK 150 PROFESSIONAL PARK PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

ATTACHMENT
ASSOCIATION MANAGEMENT
of Ponte Vedra, Inc.

40119531
#N990000065-41

May 29, 2007

Mr. Kurt S. Browning,
Secretary of State
FLORIDA DEPARTMENT OF STATE
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Mr. Browning:

Enclosed please find the 2007 Not-For-Profit Corporation Annual Report and annual payment.

I am requesting that the late fee be waived as you can see from the attached check, it was written April 18, 2007, well before the due date. A meeting with the Board of Directors was scheduled for April 20, 2009 at which time I was to have one of the officers sign the form. However, I had to cancel the meeting due to a medical emergency and completely forgot about the form and its due date. I just found the form this morning in preparation for the re-scheduled meeting. I am frankly upset that I failed to submit this form in a timely manner and quite honestly, can not afford the late fee. Again, I am requesting that it be waived.

If you have any questions about this situation, please call. I thank you for your help in this matter.

Sincerely,



C. P. Connolly
Community Association Manager