

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006541

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE OVERLOOK IV OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ASSOC. MGMT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

YASSOC. MGMT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

ASSOC. MGMT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082

FEI Number: 59-3659475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOLLY, C P
ASSOC. MGMT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082 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: PD () Delete
Name: DELLA PORTA, JOHN
Address: 135 PROFESSIONAL DR, SUITE 107
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: DEAL, BLAKE
Address: 135 PROFESSIONAL DR 101
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: STD () Delete
Name: SCHWARTZ, MARK
Address: 150 PROFESSIONAL PARK
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN DELLA PORTA

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date