2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000067440

1. Entity Name
ASSOCIATION MANAGEMENT OF PONTE VEDRA, INC.

Principal Place of Business	Mailing Address
3103 SAWGRASS VILLAGE CIRCLE	3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US	PONTE VEDRA BEACH, FL 32082 US

DO NOT WRITE IN THIS SPACE

04042006   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-3202248

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONNOLLY, C. P
3103 SAWGRASS VILLAGE INC
PONTE VEDRA BEACH, FL 32082

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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 _C.P. Connolly_   C.P. CONNOLLY   (NOTE: Registered Agent signature required when reinstating)   4-7-06

Signature, typed or printed name of registered agent and title if applicable.   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000502324
04/25/06-80098-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CONNOLLY, C. P
STREET ADDRESS	3103 SAWGRASS VILLAGE CIR
CITY-ST-ZIP	PONTE VEDRA BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: _C.P. Connolly_   C.P. CONNOLLY   4.7.06   904 285 9894

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