## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000067440

FILED Apr 07, 2009 Secretary of State

Entity Name: ASSOCIATION MANAGEMENT OF PONTE VEDRA, INC.

**New Principal Place of Business: Current Principal Place of Business:** 3108 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH, FL 32082 US **Current Mailing Address: New Mailing Address:** 3108 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH, FL 32082 US FEI Number: 59-3202248 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONNOLLY, C. P. 3108 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH, FL 32082 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CONNOLLY, C. P. Name: Name: 3103 SAWGRASS VILLAGE CIR Address: Address: City-St-Zip: PONTE VEDRA BCH, FL City-St-Zip: Title: VD Title: () Change () Addition () Delete WHITE, LYNNETTE Name: Name: 144 N. ROSCOE BLVD Address: Address: PONTE VEDRA BEACH, FL 32082 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. P. CONNOLLY PRES 04/07/2009