2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2011
Secretary of State

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Entity Name: ASSOCIATION MANAGEMENT OF PONTE VEDRA, INC.

Current Principal Place of Business:

3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

ASSOCIATION MANAGEMENT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

ASSOCIATION MANAGEMENT OF PONTE VEDRA
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:

CONNOLLY, C. P
3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

CONNOLLY, C. P
ASSOCIATION MANAGMENT OF PONTE VEDRA
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: C. P. CONNOLLY 04/07/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CONNOLLY, C. P
Address: 3103 SAWGRASS VILLAGE CIR
City-St-Zip: PONTE VEDRA BCH, FL 32224 US

Title: VPD
Name: WHITE, LYNNETTE
Address: 144 N. ROSCOE BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

I hereby 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 all other like empowered.

SIGNATURE: C. P. CONNOLLY PF 04/07/2011
Electronic Signature of Signing Officer or Director Date