

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758957

Entity Name: PONTE VEDRA RETREAT II CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 25, 2023
Secretary of State
0583957995CC**Current Principal Place of Business:**3201 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**3201 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US**FEI Number: 59-2579549****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIATION MANAGEMENT OF PONTE VEDRA BEAC
3201 SAWGRASS VILLAGE CIRCLE
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**Officer/Director Detail :**

Title	SECRETARY	Title	VP
Name	LASKA, DARLENE	Name	HARRIS, LAURIE
Address	3201 SAWGRASS VILLAGE CIRCLE	Address	3201 SAWGRASS VILLAGE CIRCLE
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082
Title	TREASURER	Title	PRESIDENT
Name	ECKELS, RICHARD	Name	BROWN, CAROL
Address	3201 SAWGRASS VILLAGE CIRCLE	Address	3201 SAWGRASS VILLAGE CIRCLE
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082
Title	DIRECTOR		
Name	KIRKLAND, DAVID		
Address	3201 SAWGRASS VILLAGE CIRCLE		
City-State-Zip:	PONTE VEDRA BEACH FL 32082		

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL BROWN**PRESIDENT****04/25/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date