

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001765

Entity Name: SOUTH BEACH AT PONTE VEDRA HOMEOWNERS ASSOCIATION, INC**Current Principal Place of Business:**204 ISLAMARADA CT.
SAINT AUGUSTINE, FL 32084**Current Mailing Address:**P.O. BOX 263
SAINT AUGUSTINE, FL 32085 US**FEI Number: 59-3485098****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FLORYAN, KATHLEEN M
204 ISLAMARADA CT..
SAINT AUGUSTINE, FL 32084 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: KATHLEEN M FLORYAN****02/06/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** TREASURER AND BOARD OF DIRECTORS**Name** FLORYAN, DAN**Address** 204 ISLAMARADA CT.**City-State-Zip:** SAINT AUGUSTINE FL 32084**Title** PRESIDENT AND BOARD OF DIRECTORS**Name** FLORYAN, KATHLEEN M**Address** 204 ISLAMARADA CT..**City-State-Zip:** SAINT AUGUSTINE FL 32084**Title** ARB CHAIRPERSON AND BOARD OF DIRECTORS**Name** VERMEULEN, DAVID J**Address** 169 SOUTH BEACH DR**City-State-Zip:** ST AUGUSTINE FL 32084**Title** SECRETARY AND BOARD OF DIRECTORS**Name** CHAPPELL, JR., BRENDA K**Address** 160 SOUTH BEACH DR**City-State-Zip:** SAINT AUGUSTINE FL 32084

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: KATHLEEN M FLORYAN**PRESIDENT****02/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date