

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:11

DOCUMENT # **721957** (9)  
1. Corporation Name  
**PONCE INLET CLUB SOUTH, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**4799 SOUTH ATLANTIC AVENUE** **4799 SOUTH ATLANTIC AVENUE**  
**PONCE INLET FL 32127** **PONCE INLET FL 32127**

3. Date Incorporated or Qualified **10/28/1971** 3a. Date of Last Report **03/18/1994**  
4. FEI Number **59-1551613** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FISHER, DOROTHY M.**  
**4799 S. ATLANTIC AVE #108**  
**PONCE-INLET FL 32127**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| TITLE          | DV                    |
| NAME           | MCGUIRE, THOMAS       |
| STREET ADDRESS | 5328 CARLINGFORT DR.  |
| CITY-ST-ZIP    | TOLEDO OH             |
| TITLE          | D                     |
| NAME           | FRANK LANCASTER       |
| STREET ADDRESS | 815 STRAHLE ST.       |
| CITY-ST-ZIP    | PHIL. PA              |
| TITLE          | DT                    |
| NAME           | KOSCHWITZ, WILLIAM    |
| STREET ADDRESS | 163 SUNNYTOWN RD.     |
| CITY-ST-ZIP    | CASSELBERRY FL        |
| TITLE          | DS                    |
| NAME           | BLANZ, GWEN           |
| STREET ADDRESS | 2348 TRISTAN CIR N.E. |
| CITY-ST-ZIP    | ATLANTA GA            |
| TITLE          | DP                    |
| NAME           | MCKAY, DAVID          |
| STREET ADDRESS | 340 CHICKADEE DR.     |
| CITY-ST-ZIP    | PT. ORANGE FL         |
| TITLE          | D                     |
| NAME           | MARTIN, FRED          |
| STREET ADDRESS | 538 EDGEWOOD AVE NE   |
| CITY-ST-ZIP    | ATLANTA GA            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |  |
|--------------------|----------------------|--|
| 1.1 TITLE          | DP                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | MCGUIRE, THOMAS      |  |
| 1.3 STREET ADDRESS | 5328 CARLINGFORT DR. |  |
| 1.4 CITY-ST-ZIP    | TOLEDO, OHIO         |  |
| 2.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                      |  |
| 2.3 STREET ADDRESS |                      |  |
| 2.4 CITY-ST-ZIP    |                      |  |
| 3.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                      |  |
| 3.3 STREET ADDRESS |                      |  |
| 3.4 CITY-ST-ZIP    |                      |  |
| 4.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                      |  |
| 4.3 STREET ADDRESS |                      |  |
| 4.4 CITY-ST-ZIP    |                      |  |
| 5.1 TITLE          | D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | MCKAY DAVID          |  |
| 5.3 STREET ADDRESS | 340 CHICKADEE DR.    |  |
| 5.4 CITY-ST-ZIP    | PT. ORANGE FL.       |  |
| 6.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                      |  |
| 6.3 STREET ADDRESS |                      |  |
| 6.4 CITY-ST-ZIP    |                      |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 appointed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with my address.

SIGNATURE: *William S. Fisher* **1-20-95 904 767 7083**  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime (Area #)