

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **10/28/1971**  
3a. Date of Last Report: **01/27/1995**  
4. FEI Number: **59-1551613**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**FISHER, DOROTHY M.  
4799 S. ATLANTIC AVE #106  
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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE: *DOROTHY M. FISHER Dorothy M. Fisher* DATE: *Jan 22-96*  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGUIRE, THOMAS</b>	
STREET ADDRESS	<b>5328 CARLINGFORT DR.</b>	
CITY - ST - ZIP	<b>TOLEDO OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANK LANCASTER</b>	
STREET ADDRESS	<b>815 STRAHLE ST.</b>	
CITY - ST - ZIP	<b>PHIL. PA</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>KOSCHWITZ, WILLIAM</b>	
STREET ADDRESS	<b>163 SUNNYTOWN RD.</b>	
CITY - ST - ZIP	<b>CASSELBERRY FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>BLANZ, GWEN</b>	
STREET ADDRESS	<b>2348 TRISTAN CIR N.E.</b>	
CITY - ST - ZIP	<b>ATLANA GA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCKAY, DAVID</b>	
STREET ADDRESS	<b>340 CHICKADEE DR.</b>	
CITY - ST - ZIP	<b>PT. ORANGE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARTIN, FRED</b>	
STREET ADDRESS	<b>536 EDGEWOOD AVE NE</b>	
CITY - ST - ZIP	<b>ATLANTA GA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>THOMAS HALKER</b>	
5.3 STREET ADDRESS	<b>5309 CARLINGFORT DRIVE</b>	
5.4 CITY - ST - ZIP	<b>TOLEDO, OHIO 43623</b>	
6.1 TITLE	<b>D.V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>C.W. HARTLEY</b>	
6.3 STREET ADDRESS	<b>51 OCEAN WAY</b>	
6.4 CITY - ST - ZIP	<b>PONCE INLET, FL. 33127</b>	

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 119.07(3)(k), 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 empowered 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 an address.

SIGNATURE: *William F. Fisher* DATE: *1-23-96*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)