

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 721957 (9)**

1. Corporation Name  
**PONCE INLET CLUB SOUTH, INC.**



Principal Place of Business <b>4799 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127</b>	Mailing Address <b>4799 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127-7109</b>
---	--

3. Date Incorporated or Qualified <b>10/28/1971</b>	3a. Date of Last Report <b>01/29/1996</b>
--	--

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

4. FEI Number <b>59-1551613</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 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 617.0503, Florida Statutes.

SIGNATURE: *Dorothy M. Fisher* (NOTE: Registered Agent signature required when reinstating) DATE: *Jan 6, 1997*

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 checked="" 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 type="checkbox"/> DELETE
NAME	<b>HALKER, THOMAS</b>
STREET ADDRESS	<b>5309 CARLINGFORT DR</b>
CITY-ST-ZIP	<b>TOLEDO OH</b>
TITLE	<b>VDP</b> <input type="checkbox"/> DELETE
NAME	<b>HARTLEY, C W</b>
STREET ADDRESS	<b>51 OCEAN WAY</b>
CITY-ST-ZIP	<b>PONCE INLET FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MCGUIRE, THOMAS</b>
1.3 STREET ADDRESS	<b>5328 CARLINGFORT DR.</b>
1.4 CITY-ST-ZIP	<b>TOLEDO, OHIO</b>
2.1 TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>FRANK LANCASTER</b>
2.3 STREET ADDRESS	<b>4799 S. ATLANTIC AVE #301</b>
2.4 CITY-ST-ZIP	<b>PONCE INLET, FL. 32127</b>
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BLANZ, GWEN</b>
4.3 STREET ADDRESS	<b>2348 TRISTAN CIR N.E.</b>
4.4 CITY-ST-ZIP	<b>ATLANTA, GA</b>
5.1 TITLE	<b>VDP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HALKER, THOMAS</b>
5.3 STREET ADDRESS	<b>5309 CARLINGFORT DR.</b>
5.4 CITY-ST-ZIP	<b>TOLEDO, OHIO</b>
6.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>HARTLEY, C.W.</b>
6.3 STREET ADDRESS	<b>4799 S. ATLANTIC AVE #502</b>
6.4 CITY-ST-ZIP	<b>PONCE INLET FL. 32127</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *C. W. Hartley* President DATE: *Jan 6-1997* Daytime Phone: **10002608**

CR2E037 (9/96)