FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

PONCE INLET CLUB SOUTH, INC.

FILED Apr 08 1998 8:00am Secretary of State

Principal Place of Business		Malling Address		r ibbili labla inkal kale sala: belik radi a	IDII DISIA DIEII BIDII BIDIE BIDIE INDI
4799 SOUTH ATLANTIC AVENUE		4799 SOUTH ATLANTIC AVENUE		3. Date Incorporated or Qualified	
PONCE INLET FL 32127		PONCE INLET FL 32127		10/28/1971	
				4. FEI Number	Applied For
2 Principal Pl	ace of Business	2a. Mailing Address		59-1551613	Not Applicable S8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution L	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	10 Name and Address of New Regist	ered Agent		
81 Name				Jurree, Sally	<u> W·</u>
FISHER, DOROTHY M. 4799 S. ATLANTIC AVE #106			82 Street Add	tress (P.O. Box Number is Not Acceptable)	•
PONCE-INLET FL 32127			63 # 10	<u> </u>	
			84 C/D		85 Zip Code
			Ponce		FL 32127
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 Prerida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fartilitiar with, and acoppt the obligations of, Section 617.0503, Florida Statutes.					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
SIGNATURE _	Signature, typed or printed name of registered a	igent and little if applicable	(NOTE: Registered Agent signature requ	uired when reinstating)	DATE A
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	DT	☐ DELETE	101	nardie Pierson	Change Addition
NAME	MCGUIRE, THOMAS		1.2 NAME	31 Bray Road	
STREET ADDRESS	5328 CARLINGFORT DR. TOLEDO OH		1.3 STREET ADDRESS	poresville. IN 46/3	T X
CITY-ST-ZIP TITLE	DS On	DELETE	1.4 CITY-ST-ZIP	ON INCLUSION OF THE PROPERTY O	Change Addition
NAME	FRANK LANCASTER		1 - W	pirector red Martin_	-
STREET ADDRESS	4799 S. ATLANTIC AVE. #3	01	2.3 STREET ADDRESS	450 Fields Drive.	. 4
CITY-ST-ZIP	PONCE INLET FL	••	2.4 CITY-ST-ZIP	umming, GA 300	5 4 1
TITLE	Ď	DELETE		rector	Change Addition
NAME	BLANZ, GWEN		32 NAME	homas Halker -	مينا.
STREET ADDRESS	2348 TRISTAN CIR N.E.		3.3 STREET ADDRESS 5.	309 Carlingfort Dr	i re
CITY-ST-ZIP	ATLANA GA		3.4. CITY - ST - ZIP	Toledo, OH 4362	3
TITLE	VDP	DELETE	4.1 TITLE V	DP A STATE	Change Addition
NAME	HALKER, THOMAS	•	4.2 NAME	1500 Caicedo Ave. #	504
STREET ADDRESS	5309 CARLINGFORT DR		4.3 STREET ADDRESS	777 3700 100 100 100 100 100 100 100 100 100	_
CITY-ST-ZIP	TOLDEDO OH	L becer	4.4 CITY - ST - ZIP	pince Inlet, FL3212	
TITLE	P	☐ DELETE		on Lewandowski	Change Addition
NAME	HARTLEY, C W	20	5.2 NAME	irector valoridae Rd.	
STREET ADDRESS	4799 S. ATLANTIC AVE #50	JZ			11
CITY-ST-ZIP	PONCE INLET FL	DELETE	5.4 City-St-ZIP	Tole 40', DA 436	Change Addition
TITLE		LJ VELCIE			
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I 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.