


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90115 038 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 721957
 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 |
|---|---|



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date incorporated or Qualified 10/28/1971 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1551613 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent DUPREE, SALLY W 4799 S ATLANTIC AVE SUITE 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D/V P PIERSON, CHARLIE 931 BRAY RD MOOREVILLE IN 46158 | 1.1 TITLE | President Frank Lancaster 4799 S. Atlantic Ave. #301 Ponce Inlet, FL 32127 |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | D MARTIN, FRED 7450 FIELDS DR CUMMING GA 30041 | 2.1 TITLE | Treasurer Colonel C.W. Hartley 4799 S. Atlantic Ave. #502 Ponce Inlet, FL 32127 |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | D HALKER, THOMAS 5309 CARLINGFORT DR TOLEDO OH 43623 | 3.1 TITLE | Sally DuFree 4799 S. Atlantic Ave. #106 Ponce Inlet FL 32127 |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | VPD CAICEDO, NELSON 4799 S ATLANTIC AVE SUITE 504 PONCE INLET FL 32127 | 4.1 TITLE | VP Charlie Pierson 931 Bray Road Mooreville, IN 46158 |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D LEWANDOWSKI, RON 527 WAYBRIDGE RD TOLEDO OH 43612 | 5.1 TITLE | J James Little 4799 S. Atlantic Ave. #205 Ponce Inlet, FL 32127 |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | Sammie Tattison 4799 S Atlantic Ave #305 Ponce Inlet FL 32127 | 6.1 TITLE | Thomas McGuire 5328 Carlingfort Drive Toledo, OH 43623 |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: Sally DuFree 3-9-99 904-767-6693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

218152-90115-38
721957

DOCUMENT # 721957

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



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 10/28/1971 | |
| City & State | | City & State | | 4. FEI Number | |
| Zip | | Zip | | 59-1551613 | |
| Country | | Country | | Applied For | |
| 25 | | 29 | | Not Applicable | |
| 28 | | 30 | | 5. Certificate of Status Desired | |
| | | | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent
DUPREE, SALLY W
4799 S ATLANTIC AVE
SUITE 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) | FL |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PIERSON, CHARLIE | 1.2 NAME | Sammie Tollison |
| STREET ADDRESS | 931 BRAY RD | 1.3 STREET ADDRESS | 4799 S. Atlantic Ave # 305 |
| CITY-ST-ZIP | MOORESVILLE IN 46158 | 1.4 CITY-ST-ZIP | Ponce Inlet, FL 32127 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTIN, FRED | 2.2 NAME | Curtis Carswell |
| STREET ADDRESS | 7450 FIELDS DR | 2.3 STREET ADDRESS | 4799 S. Atlantic Ave # 205 |
| CITY-ST-ZIP | CUMMING GA 30041 | 2.4 CITY-ST-ZIP | Ponce Inlet, FL 32127 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HALKER, THOMAS | 3.2 NAME | Gwen Blanz |
| STREET ADDRESS | 5309 CARLINGFORD DR | 3.3 STREET ADDRESS | 2348 Tristan Circle NE |
| CITY-ST-ZIP | TOLEDO OH 43623 | 3.4 CITY-ST-ZIP | Atlanta GA 30345 |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAICEDO, NELSON | 4.2 NAME | |
| STREET ADDRESS | 4799 S ATLANTIC AVE SUITE 504 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PONCE INLET FL 32127 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWANDOWSKI, RON | 5.2 NAME | |
| STREET ADDRESS | 527 WAYBRIDGE RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TOLEDO OH 43612 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002516

CR2E037 (11/98)