NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 TOCUMENT # 721957

1. Corporation Name

PONCE INLET FL 32127

PONCE INLET CLUB SOUTH, INC.

Principal Place of Business
4799 SOUTH ATLANTIC AVENUE

Mailing Address

4799 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127

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

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



z. Principal Pi	nace of Business					10/28/1971							
Suite, Apt.	# etc. Suite, Apt. #, etc.					4. FEI Number			lied For				
Suite, Apt.	27					59-1551613	_ `	Applicable					
City & State								\$8.75 Additiona					
	28					5. Certifcate of Status Desired	Fee Required						
Zip	Country Zip					6. Election Campaign Financing	П	\$5.00	May Be				
<u>.</u>	25 29 30					Trust Fund Contribution	Added to Fees						
<u> </u>	9. Name and Address of Current Re		· ·			10. Name and Address of New Re	gistered A	gent					
				81	Name								
DUDDEE CALLY M				82	Street Address	et Address (P.O. Box Number is Not Acceptable)							
	DUPREE, SALLY W 4799 S ATLANTIC AVE					Silear Address (F.O. Box Multiper is Not Acceptable)							
SUITE 106				83									
				84					-do				
PUNCE-IN	PONCE-INLET FL 32127				City		FL	85 Zip C	ode				
office or r	to the provisions of Sections 617.0502 ar egistered agent, or both, in the State of F m familiar with, and accept the obligation	lorida. Such change was at	uthorized	by th	named corpor ne corporation	auon submits this statement for the p 's board of directors. I hereby accept	urpose or c the appoint	ment as reg	istered				
SIGNATURE							DATE						
	Signature, typed or printed name of registered agent and		Registered 13.	Agent s	ignature required v	when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12				
12.	OFFICERS AND D	DELETE	1,1 III	1.5	IΔca	sident		☑ Change	Addition				
TITLE	DNP				li~a	ALL LANGUETER		(25 0).0.194	—				
NAME	PIERSON, CHARLIE		1.2 NA		1100	195. OHantic Ave.	#301						
STREET ADDRESS	931 BRAY RD		1		1/1 -	10 Tala) El 2012M							
CITY-ST-ZIP	MOORESVILLE IN 46158		_	Y-ST-Z	1	ie Inlet, FL 30127		∑ Change	(Addition				
rmle .	D	☐ DELETE	2.1 TT			nel C.W. Hartley		Michalide	Addition				
NAME	MARTIN, FRED		2.2 NA		1150	75. atlantic Ave. #	502						
STREET ADDRESS	7450 FIELDS DR		2.3 ST	REETA									
CITY-ST-ZIP	CUMMING GA 30041			TY-ST-	ZP TOTA	e Inlet, FL 30127		TT Observe	Addition				
TITLE	D	DELETE	3.1 TIT	Œ	2 "	Du Dona		Change	JX Addition				
NAME	HALKER, THOMAS		3.2 NA	ME	504()	Duffee 195. Atlantic Ave.	# 106						
STREET ADDRESS	5309 CARLINGFORT DR		3.3 ST	REETA		793, Wilding 110	n #1						
CITY-ST-ZIP	TOLEDO OH 43623		3.4. CI	TY-ST-	ZIP 10(1)	ce Inlet FL 321	<u> </u>						
TITLĖ	VPD	DELETE	4.1 TT	Œ	VP 0/2	urlie Pierson,		Change	Addition				
NAME	CAICEDO, NELSON		4.2 N	AME	Cra	Larry Dand							
STREET ADDRESS	4799 S ATLANTIC AVE SUITE 504		4.3 ST	REETA	DDRESS 431	Bray Road							
CITY-ST-ZIP	PONCE INLET FL 32127		4.4 CT	TY-ST-	ZIP IIIO	oresville, IN 4615	<u> </u>						
TITLE	D	☐ DELETE	5.1 TI		7	nes Little and Ave. # 2		☐ Change	X Addition				
NAME	LEWANDOWSKI, RON		5.2 NA		1.146	nes Little 195 atlantic Ave. # 2	205						
STREET ADDRESS	527 WAYBRIDGE RD		5.3 ST	REETA	173				•				
CITY-ST-ZIP	TOLEDO OH 43612			TY-ST-	ZIP YOU	ice Inlet, FL 3218	J' /	<u> </u>					
TITLE	4	☐ DELETE	6.1 🎹	î.E	3730	1. D		Change	☐ Addition				
NAME	Sammie Tallison	L-2x-	6.2 NA	ME	Tho	mas McGuice	_						
STREET ADORESS	49945 WHAN HE HILL	- 	6.3 ST	REETA	DDRESS 53	28 Carlingfort Driv	e						
CITY-ST-ZIP	KOOCE INCL FL 82	127	6.4 CF	TY-ST-	ZIP TO !	eds, OH 43623							
44		i- file- dana ant avalify for	the eve		n stated in Sa	etion 110 07/3\(ii) Elorido Statutos I	Further corti	futhat the in	formation				

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

BIGMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99 904-767-6693

Daytime Phone

(2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721957

1. Corporation Name

PONCE INLET CLUB SOUTH, INC.

Country

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

4799 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

4799 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127

218152-90115-38 721957



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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10/28/1971

59-1551613

4. FEI Number

·~ [25	29	30				Trust Fu	and Contribu	ition		Added to	Fees
9. Name and Address of Current Registered Agent							10. Name a	nd Addres	s of New Re	gistered A	Agent	
				81	Name							
DUPREE, SALLY W					Street	Addrage	/P O Boy	Number is N	lot Acceptab	lo)		
4799 S ATLANTIC AVE				82	3110017	nuu: 630	, (r	INGINIDE IS I	ioi Acceptab	,,,,		i
SUITE 106				83					•			
PONCE-INLET FL 32127												
FUNCE-IN	ILET FL 32121			84	City					FL	85 Zip C	ode
office or r	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such chan	ge was authorize	ed by t	-named o	corpora oration's	tion submits board of di	this statem rectors. I he	ent for the preby accept	urpose of o	changing its introduced the state of the sta	registered pistered
SIGNATURE												
12.	Signature, typed or printed name of regist		(NOTE: Registere		signature re	equired wh		NEICHANG	SE TO OFF	DATE	D DIRECTO	DC IN 12
TITLE	l =	RS AND DIRECTORS		TITLE	. 1	7)			23 10 OFF1	ICENS AN	Billiange	Addition
	DICECON CHARLE				i	San	nmie-	Tollison	า		C21	JES POGIGON
NAME	PIÉRSON, CHARLIE		I	NAME		MMA	95 A	MAHIC	Ave.# =	302		
STREET ADDRESS	931 BRAY RD		I		ADDRESS	122		al H	2010	n		
CITY-ST-ZIP	MOORESVILLE IN 46158			CITY-ST-	-ZP	HIOUL	1 - 1111	<u> </u>	3012'	1	000 O	ital Augus
TITLE	D	Π 0		TITLE	i, B		' Amo	المدينة			Change	Addition
NAME	Martin, Fred		2.2	NAME	ŀ	uur	is Car	Swell,	e Ave	# 20	5	
STREET ADDRESS			2.3	STREET	ADDRESS	רו על	95.C	NEURY			•	
CITY-ST-ZIP	CUMMING GA 30041			CITY-ST	-ZIP	rond	e in	let t	L 321	(21)		
TITLE	D	X 0	ELETE 3.1	TITLE		Ú	n.	· ·		e en en en	☐ Change	Addition
NAME	HALKER, THOMAS		3.2	NAME	Ì	Gwei	n Blai	nz a	Senta 1	118		
STREET ADORESS	5309 CARLINGFORT DR		3.3	STREET	ADDRESS	234	18 This	stanc	ivele A	-		
CITY-ST-ZIP	TOLEDO OH 43623		3,4.	CITY-ST	-ZIP	CHI	anta	GA G	30345			
TITLE	VPD	⊠D	ELETE 4.1	TITLE					•		Change	☐ Addition
NAME	CAICEDO, NELSON		4. 2	NAME]							
STREET ADDRESS	4799 S ATLANTIC AVE S	UITE 504	4.3	STREET	ADDRESS							
CITY-ST-ZIP	PONCE INLET FL 32127	•	4.4	CITY-ST-	-ZIP							
TITLE	D		ELETE 5.1	TITLE	Ì						Change	Addition
NAME	LEWANDOWSKI, RON		5.2	NAME	i							
STREET ADDRESS	l		5.3	STREET	ADORESS							
CITY-ST-ZiP	TOLEDO OH 43612		5.4	CITY-ST-	-ZP							
TITLE	702200 011 10012		ELETE 6.1	TITLE							Change	Addition
NAME			6.2	NAME				,			_ ,	
STREET ADDRESS			6.3	STREET	ACORESS							
CITY-ST-ZIP			6.4	CITY-ST-	. ZIP							
	certify that the information supp	slied with this fiting does not	- I			lie Con	Non 110 07	2)/i) Elecido	Stabiles 1 f	f. (a)	if that the la	formation

Country

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SIGNATURE:

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