


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90057 005 \*\*\*\*61.25

**DOCUMENT # 721957**  
 1. Entity Name  
**PONCE INLET CLUB SOUTH, INC.**



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

**66005160**



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country

4. FEI Number      Applied For  
**59-1551613**                       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCGOWAN, LOUISE**  
**4799 S ATLANTIC AVE**  
**SUITE 106**  
**PONCE-INLET FL 32127**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TOLLISON, HUGH</b> <b>PO BOX 937</b> <b>FERNANDINA BEACH FL 32035</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>GAY, TOM</b> <b>4141 EDGEWATER DR.</b> <b>ORLANDO FL 32804</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SVP</b> <b>TOLLISON, SAMMIE</b> <b>4799 S. ATLANTIC AVE.</b> <b>PONCE INLET FL 32127</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D S</b> <b>BLANZ, GWEN</b> <b>2348 TRISTAN CIR</b> <b>ATLANTA GA 30345</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>LEWANDOWSKI, RON</b> <b>527 WAYBRIDGE RD</b> <b>TOLEDO OH 43612</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>MCGUIRE, THOMAS</b> <b>5328 CARLINGFORT DR</b> <b>TOLEDO OH 43623</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Assist Sec</b> <b>MARTIN, Joyce</b> <b>7450 Fields DR</b> <b>Cumming, GA 30041</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>D.W. Hartley</b> <b>4799 S. ATLANTIC AVE #409</b> <b>PONCE INLET, FL 32127</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>GRUSKIN, MICHAEL</b> <b>1160 ROLLINGWOOD TRAIL</b> <b>MAITLAND, FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>NALLS, MAREY</b> <b>4799 S. ATLANTIC AVE #507</b> <b>PONCE INLET, FL 32127</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>White, ARTHUR</b> <b>12150 MAPLE ST</b> <b>DUNEDIN, FL 34432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b> <b>MESUIRE THOMAS</b> <b>5328 CARLINGFORT DR</b> <b>TOLEDO, OH 43623</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce B. MARTIN      Joyce B. Martin 3-9-05  
 ASSISTANT SECRETARY      Date      Daytime Phone #

# ATTACHMENT

PONCE INLET CLUB SOUTH  
4799 SOUTH ATLANTIC AVENUE  
PONCE INLET, FLORIDA 32127  
386 767 7083

66005160

# 721957

## BOARD MEMBERS

P  
Tom McGuire *CHANGE*  
5328 Carlingfort Dr  
Toledo, Ohio 43623

S  
Gwen Blanz *CHANGE*  
2348 Tristan Circle NE  
Atlanta, Ga 30345

D  
Ron Lewandowski  
4799 S. Atlantic Ave # 407  
Ponce Inlet, Fl 32127

D  
C. W. Hartley *ADD*  
4799 S. Atlantic Ave # 408  
Ponce Inlet, Fl 32127

D  
Michael Gruskin *ADD*  
1160 Rollingwood Trail  
Maitland, Fl 32779

Asst Sec *CHANGE*  
Joyce Martin  
4799 S. Atlantic Ave # 208  
Ponce Inlet, Fl 32127

V.P. *CHANGE*  
Sammie Tollison  
P.O. Box 937  
Amelia Island, Fl 32035

D  
Marcy Nalls *ADD*  
4799 S. Atlantic Ave # 507  
Ponce Inlet, Fl 32127

D  
Arthur White *ADD*  
12150 Maple St.  
Dunnellon, Fl 34432

T  
TOLLISON, Hugh  
P.O. Box 937  
FERNANDINA BEACH, FL 32035