

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721957

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: PONCE INLET CLUB SOUTH, INC.

**Current Principal Place of Business:**

4799 SOUTH ATLANTIC AVENUE  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4799 SOUTH ATLANTIC AVENUE  
PONCE INLET, FL 32127

**New Mailing Address:**

4799 SOUTH ATLANTIC AVENUE  
PONCE INLET, FL 32127 US

FEI Number: 59-1551613      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCGOWAN, LOUISE  
4799 S ATLANTIC AVE  
SUITE 106  
PONCE-INLET, FL 32127 US

**Name and Address of New Registered Agent:**

ANTHONY, JOHN  
94 LENOX  
DAYTONA BEACH, FL 32118 US

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.

SIGNATURE: JOHN ANTHONY

07/03/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T                    ( ) Delete  
Name: TOLLISON, HUGH  
Address: PO BOX 937  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: AS                    ( ) Delete  
Name: MARTIN, JOYCE  
Address: 7450 FIELDS DR  
City-St-Zip: CUMMING, GA 30041

Title: S                    ( ) Delete  
Name: TOLLISON, SAMMIE  
Address: 4799 S. ATLANTIC AVE.  
City-St-Zip: PONCE INLET, FL 32127

Title: D                    ( ) Delete  
Name: BLANZ, GWEN  
Address: 2348 TRISTAN CIR  
City-St-Zip: ATLANTA, GA 30345

Title: D                    ( ) Delete  
Name: LEWANDOWSKI, RON  
Address: 527 WAYBRIDGE RD  
City-St-Zip: TOLEDO, OH 43612

Title: V                    ( ) Delete  
Name: MCGUIRE, THOMAS  
Address: 5328 CARLINGFORT DR  
City-St-Zip: TOLEDO, OH 43623

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D                    (X) Change ( ) Addition  
Name: HADDAD, SHELLY  
Address: 3924 LAKE SARAH DR.  
City-St-Zip: ORLANDO, FL 32804

Title: P                    (X) Change ( ) Addition  
Name: MCGUIRE, THOMAS  
Address: 5328 CARLINGFORT DR  
City-St-Zip: TOLEDO, OH 43623

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MCGUIRE

P

07/03/2006

Electronic Signature of Signing Officer or Director

Date