


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90053 013 ****61.25

DOCUMENT # 721957			
1. Entity 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 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1551613		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANTHONY, JOHN 94 LENOX DAYTONA BEACH FL 32118		Name GARZA, C. MARIE Street Address (P.O. Box Number is Not Acceptable) 4799 S. Atlantic Ave. #106 City Ponce Inlet FL Zip Code 32127	

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  **C. MARIE GARZA, PROPERTY MGR. 4/6/07**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOLLISON, HUGH PO BOX 937 FERNANDINA BEACH FL 32035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MARTIN, JOYCE 7450 FIELDS DR CUMMING GA 30041 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TOLLISON, SAMMIE 4799 S. ATLANTIC AVE. PONCE INLET FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP TOLLISON, SAMMIE 4799 S. ATLANTIC AVE. PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete BLANZ, GWEN 2348 TRISTAN CIR ATLANTA GA 30345	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete D HADDAD, SHELLY 3924 LAKE SARAH DR. ORLANDO FL 32804	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P MICHAEL GRUSKIN 1160 ROLLINGWOOD TR. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P MCGUIRE, THOMAS 5328 CARLINGFORD DR TOLEDO OH 43623	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D THOMAS MCGUIRE 5328 CARLINGFORD DR. TOLEDO, OH 43623

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 ASST. SEC. 4/7/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #