
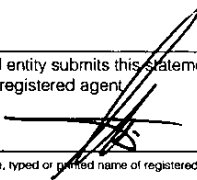
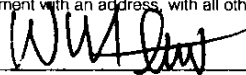


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90023 019 \*\*\*\*61.25

<b>DOCUMENT # 721957</b>					
1. Entity Name <b>PONCE INLET CLUB SOUTH, INC.</b>					
Principal Place of Business <b>4799 SOUTH ATLANTIC AVENUE PONCE INLET, FL 32127</b>			Mailing Address <b>4799 SOUTH ATLANTIC AVENUE PONCE INLET, FL 32127 US</b>		
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		Country		Country	
4. FEI Number <b>59-1551613</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GARZA, MARIE C MARIE</b> <b>4799 S ATLANTIC AVE #106</b> <b>PORT ORANGE, FL 32127</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 		<b>C. MARIE GARZA Reg. Agent</b>		<b>3.31.08</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLISON, HUGH		NAME	TOLLISON, HUGH	
STREET ADDRESS	PO BOX 937		STREET ADDRESS	PO BOX 937 BEACH	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32035		CITY-ST-ZIP	FERNANDINA, FL 32035	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, JOYCE		NAME	SHELLY HADDAD	
STREET ADDRESS	7450 FIELDS DR		STREET ADDRESS	3924 LAKE SARAH DR.	
CITY-ST-ZIP	CUMMING, GA 30041		CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLLISON, SAMMIE		NAME	WILLIAM FLINT	
STREET ADDRESS	4799 S. ATLANTIC AVE.		STREET ADDRESS	14749 EAGLE CROSSING DR.	
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRUSKIN, MICHAEL		NAME	LAWTON TOLLISON	
STREET ADDRESS	1160 ROLLINGWOOD TR		STREET ADDRESS	116 ROYAL DR.	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	BRUNSWICK, GA 31523	
TITLE	D	<input type="checkbox"/> Delete	TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, THOMAS		NAME	MARTIN, JOYCE	
STREET ADDRESS	5328 CARLINGFORD DR		STREET ADDRESS	4799 S. ATLANTIC AVE # 208	
CITY-ST-ZIP	TOLEDO, OH 43623		CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		<b>William W Flint</b>		<b>3/31/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				<b>407-356-5358</b>	



03312008 Chg-NP CR2E037 (12/06)