

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 FEB 10 PM 1:57

DOCUMENT # N22608 (6)

1. Corporation Name

TENNIS VILLAGE AT THE PONCE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2421
JACKSONVILLE FL 32203

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JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1987	3a. Date of Last Report 01/24/1994
4. FBI Number 59-2857999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**AKEL, EDWARD C
ONE INDEPENDENT DR.
SUITE 2301
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent Signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIVE, NORMAN	1.2 NAME	
STREET ADDRESS	1255 PONCE ISLAND DR., #741	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, STEVEN S	2.2 NAME	
STREET ADDRESS	83 COMARES AVE., #4-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085	2.4 CITY-ST-ZIP	
TITLE	SB	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOUGHBY, MARTHA G	3.2 NAME	SD
STREET ADDRESS	1255 PONCE ISLAND DR., #741	3.3 STREET ADDRESS	Drummond, Alberta
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	1596 Lancaster Terrace 4B Jacksonville, FL 32204
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MNMATH, EDWARD T	4.2 NAME	
STREET ADDRESS	1255 PONCE ISLAND DR., #757	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32905	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, BERTRAM H.	5.2 NAME	
STREET ADDRESS	7830 LINKSIDE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 resolver 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 unchanged, or on an attachment with an address.

SIGNATURE: Bertram H. Kaplan TREASURER

 NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERTRAM H. KAPLAN
 Date: 1/13/95 Original Number: 901-361-7818