

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 01 1996 8:00 am
Secretary of State

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
2472 Dennis Street Jacksonville, Fl. 32204
P.O. BOX 2421 JACKSONVILLE FL 32203

3. Date Incorporated or Qualified **09/22/1987** 3a. Date of Last Report **02/10/1995**
4. FEI Number **59-2857999** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AKEL, EDWARD G.~~
~~ONE INDEPENDENT DR.~~
~~SUITE 2504~~
~~JACKSONVILLE FL 32202~~
~~JACKSONVILLE, FL 32202~~
Bertram H. Kaplan
P.O. Box 2421
Jacksonville, FL 32203
2472 Dennis Street, Jacksonville, FL 32204

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 617.0503, Florida Statutes.

SIGNATURE *Bertram H. Kaplan* Bertram H. Kaplan 3/8/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DD D <input type="checkbox"/> DELETE
NAME	CLIVE, NORMAN
STREET ADDRESS	1255 PONCE ISLAND DR., #741
CITY-ST-ZIP	ST. AUGUSTINE FL 32095
TITLE	VP <input type="checkbox"/> DELETE
NAME	JONES, STEVEN S
STREET ADDRESS	83 COMARIS AVE, #44
CITY-ST-ZIP	ST. AUGUSTINE FL 32085
TITLE	SOX VP D <input type="checkbox"/> DELETE
NAME	DRUMMOND, ALBERTA
STREET ADDRESS	1596 LANCASTER TERRACE 4B
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MINNATH, EDWARD T
STREET ADDRESS	1255 PONCE ISLAND DR, #741
CITY-ST-ZIP	ST. AUGUSTINE FL 32095
TITLE	DT <input type="checkbox"/> DELETE
NAME	KAPLAN, BERTRAM H.
STREET ADDRESS	7830 LINKSIDE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	Hugh Johnston
STREET ADDRESS	1255 Ponce Island Drive Unit 773
CITY-ST-ZIP	St. Augustine, Fl 32095

1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES HARTLEY
1.3 STREET ADDRESS	1255 Ponce Island drive # 784
1.4 CITY-ST-ZIP	St. Augustine, FL 32095 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bd. 25 3/12/96
6.3 STREET ADDRESS	At Dep by Bank
6.4 CITY-ST-ZIP	3241

14. I do hereby certify that the information being voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information on this 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 receiver 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 if changed, or on an attachment with an address.

SIGNATURE: *Bertram H. Kaplan* Bertram H. Kaplan 3/8/96 904.354-288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)