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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N22608 (6)

1. Corporation Name

TENNIS VILLAGE AT THE PONCE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2421
2472 DENNIS ST
JACKSONVILLE FL 32204

PO BOX 2421
JACKSONVILLE FL 32203-2421

3. Date Incorporated or Qualified
09/22/1987

3a. Date of Last Report
03/12/1996

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, BERTRAM H
PO BOX 2421
2472 DENNIS ST
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, 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 617.0503, Florida Statutes.

SIGNATURE

Bertram H Kaplan

[Signature]

1/3/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME CLIVE, NORMAN PRESIDENT
STREET ADDRESS 1255 PONCE ISLAND DR., #741
CITY-ST-ZIP ST. AUGUSTINE FL 32095

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P DELETE
NAME HARTLEY, JAMES
STREET ADDRESS 1255 PONCE ISLAND DR
CITY-ST-ZIP ST AUGUSTINE FL 32095

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME DRUMMOND, ALBERTA VICE PRESIDENT
STREET ADDRESS 1596 LANCASTER TERRACE 4B
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT DELETE
NAME KAPLAN, BERTRAM H. TREASURER
STREET ADDRESS 7830 LINKSIDE DRIVE SECRETARY
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S DELETE
NAME JOHNSON, HUGH DIRECTOR
STREET ADDRESS 1255 PONCE ISLAND DR UNIT 773
CITY-ST-ZIP ST AUGUSTINE FL 32095

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME VAN DERLYN WILBOUR DIRECTOR
STREET ADDRESS 1255 Ponce Island drive Unit 715
CITY-ST-ZIP St. Augustine, FL 32095

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97

DATE

904-354-7818

Daytime Phone 0004487

CR2E037 (9/96)