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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22608 (6)

1. Corporation Name
TENNIS VILLAGE AT THE PONCE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business P.O. BOX 2421 2472 DENNIS ST JACKSONVILLE FL 32204	Mailing Address PO BOX 2421 JACKSONVILLE FL 32203
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3. Date Incorporated or Qualified
09/22/1987

4. FEI Number 59-2857999	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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21. Principal Place of Business 21 1255 PONCE ISLAND DR.	2a. Mailing Address 2a PO Box 840025
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State 23 ST AUGUSTINE FL	28. City & State 28 ST AUGUSTINE BH, FL
24. Zip 24 32095	25. Country 25 ST JOHNS
29. Zip 29 32084	30. Country 30 ST JOHNS

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**KAPLAN, BERTRAM H
PO BOX 2421
2472 DENNIS ST
JACKSONVILLE FL 32204**

DECEASED

10. Name and Address of New Registered Agent

81. Name Roy SEARCH
82. Street Address (P.O. Box Number is Not Acceptable) PO Box 1817
83. City ST AUGUSTINE FL
85. Zip Code 32085

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: *Roy Search* **Roy SEARCH Sec/TREA.** DATE: **2/16/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME CLIVE, NORMAN	1.1 TITLE DVP	1.2 NAME Robert Franck
STREET ADDRESS 1255 PONCE ISLAND DR., #741	CITY-ST-ZIP ST. AUGUSTINE FL	1.3 STREET ADDRESS 1255 PONCE ISLAND DR UNIT 740	1.4 CITY-ST-ZIP ST AUGUSTINE FL 32095
TITLE D	NAME WILBOUR, VAN DERLYN	2.1 TITLE PRESIDENT	2.2 NAME DAVID SELLER
STREET ADDRESS 1255 PONCE ISLAND DR UNIT 715	CITY-ST-ZIP ST AUGUSTINE FL	2.3 STREET ADDRESS 4780 AIA S. J104	2.4 CITY-ST-ZIP ST AUGUSTINE, FL 32084
TITLE VP	NAME DRUMMOND, ALBERTA	3.1 TITLE D	3.2 NAME JEAN DAMPIER
STREET ADDRESS 1598 LANCASTER TERRACE 4B	CITY-ST-ZIP JACKSONVILLE FL	3.3 STREET ADDRESS 1255 PONCE Island Dr UNIT 780	3.4 CITY-ST-ZIP ST AUGUSTINE FL 32084
TITLE ST	NAME KAPLAN, BERTRAM H.	4.1 TITLE D	4.2 NAME OSWALD CREWS
STREET ADDRESS 7830 LINKSIDE DRIVE	CITY-ST-ZIP JACKSONVILLE FL	4.3 STREET ADDRESS 231 RIVER HILL DR	4.4 CITY-ST-ZIP Jacksonville FL 32216
TITLE D	NAME JOHNSON, HUGH	5.1 TITLE S/T	5.2 NAME Roy SEARCH
STREET ADDRESS 1255 PONCE ISLAND DR UNIT 773	CITY-ST-ZIP ST AUGUSTINE FL	5.3 STREET ADDRESS PO Box 1817	5.4 CITY-ST-ZIP ST AUGUSTINE FL 32085
TITLE	NAME	6.1 TITLE	6.2 NAME 604 Mulligan WAY
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP ST AUGUSTINE FL 32084

14. I 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: *Roy Search* **Roy Search Sec./TREA. 2/16/98 (904) 461-7080**

CR2E037 (10/97)