

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90008 042 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N22608 ✓

1. Corporation Name

TENNIS VILLAGE AT THE PONCE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1255 PONCE ISLAND DR  
 2472 DENNIS ST  
 ST AUGUSTINE FL 32095  
 US

Mailing Address

P O BOX 840025  
 ST AUGUSTINE FL 32084  
 US

596136-90008-426



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-2857999

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEARCH, ROY  
 P O BOX 1817  
 2472 DENNIS ST  
 ST AUGUSTINE FL 32085

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 Roy Search

*[Signature]*

7/9/99

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 VP  DELETE  
 NAME FRANCK, ROBERT  
 STREET ADDRESS 1255 PONCE ISLAND DR UNIT 740  
 CITY-ST-ZIP ST. AUGUSTINE FL 32095

1.1 TITLE  Change  Addition  
 1.2 NAME P OSWALD CREWS  
 1.3 STREET ADDRESS 231 River Hill Dr  
 1.4 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE P  DELETE  
 NAME SELLER, DAVID  
 STREET ADDRESS 4780 A1A S J 104  
 CITY-ST-ZIP ST AUGUSTINE FL 32084

2.1 TITLE  Change  Addition  
 2.2 NAME Marge Chauvin  
 2.3 STREET ADDRESS PO Box 962  
 2.4 CITY-ST-ZIP ST AUGUSTINE FL 32085

TITLE D  DELETE  
 NAME DAMPIER, JEAN  
 STREET ADDRESS 1255 PONCE ISLAND DR UNIT 780  
 CITY-ST-ZIP ST AUGUSTINE FL 32084

3.1 TITLE D  Change  Addition  
 3.2 NAME Judy Johnson  
 3.3 STREET ADDRESS 1255 Ponce Island Dr Unit 763  
 3.4 CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE D  DELETE  
 NAME OSWOLD, CREWS  
 STREET ADDRESS 231 RIVER HILL DR  
 CITY-ST-ZIP JACKSONVILLE FL 32216

4.1 TITLE  Change  Addition  
 4.2 NAME James Cox  
 4.3 STREET ADDRESS 1255 Ponce Island Dr Unit 712  
 4.4 CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE ST  DELETE  
 NAME SEARCH, ROY  
 STREET ADDRESS P O BOX 1817  
 CITY-ST-ZIP ST AUGUSTINE FL 32085

5.1 TITLE  Change  Addition  
 5.2 NAME Roy Search  
 5.3 STREET ADDRESS PO Box 1817  
 5.4 CITY-ST-ZIP ST AUGUSTINE FL 32085

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE: Roy Search *[Signature]*

7/9/99

904-445-4579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)