

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22608

1. Entity Name

TENNIS VILLAGE AT THE PONCE CONDOMINIUM ASSOCIAT

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90082 034 ****61.25

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 32084-0025
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2857999**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Roy Search *Roy Search* *1/18/00*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CREWS, OSWALD	
STREET ADDRESS	231 RIVER HILL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHAWIN, MARGE	
STREET ADDRESS	PO BOX 962	
CITY-ST-ZIP	ST AUGUSTINE FL 32085	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JUDY	
STREET ADDRESS	7255 PONCE ISLAND DR UNIT 763	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COR, JAMES	
STREET ADDRESS	1255 PONCE ISLAND DR UNIT 712	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SEARCH, ROY	
STREET ADDRESS	P O BOX 1817	
CITY-ST-ZIP	ST AUGUSTINE FL 32085	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Jean Dampier</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>1255 Ponce Island Dr Unit 780</i>	
STREET ADDRESS	<i>St Augustine FL 32095</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>James Cox</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>1255 Ponce Island Dr. Unit 712</i>	
STREET ADDRESS	<i>St Augustine FL 32095</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roy Search *RH Search* *1/18/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

62E037 (9/99)