

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90005 003 ****61.25

DOCUMENT # N22608

1. Entity Name

TENNIS VILLAGE AT THE PONCE CONDOMINIUM ASSOCIAT

(Handwritten mark)

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

*PO Box 1785
 FLAGLER BCH
 FL 32136*



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: *Roy Search*
 Street Address (P.O. Box Number is Not Acceptable):
PO Box 1785
20 AUGUSTA TRAIL
 City: *Palm Coast* FL Zip Code: *32137*

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 _____
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
After September 12, 2001, min. will be \$236.25

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	<i>P</i>	<input type="checkbox"/> Delete
NAME	CREWS, OSWALD	
STREET ADDRESS	231 RIVER HILL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	<i>VP</i>	<input type="checkbox"/> Delete
NAME	PAMPJER, JEAN	
STREET ADDRESS	1255 PANES ISLAND DR UNIT 780	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	JOHNSON, JUDY	
STREET ADDRESS	7255 PONCE ISLAND DR UNIT 763	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Delete
NAME	COX, JAMES	
STREET ADDRESS	1255 PONCE ISLAND DR UNIT 712	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	<i>ST</i>	<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	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>VP</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>B. KLEUENCE</i>	
STREET ADDRESS	<i>1255 Ponce Island Dr 767</i>	
CITY-ST-ZIP	<i>ST AUGUSTINE FL 32095</i>	
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* **REQUIRED R. H. SEARCH 8/28/01 904-445-4579**

CR2E037 (5/01)