

2002 UNIFORM BUSINESS REPORT (UBR)

9/3/2002-90124-048-S61.25-S61.25

DOCUMENT # N22608

1. Entity Name

TENNIS VILLAGE AT THE PONCE CONDOMINIUM ASSOCIATION, INC.

FILED

02 OCT -9 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1255 PONCE ISLAND DR 2472 DENNIS ST ST AUGUSTINE, FL 32095 US	Mailing Address P O BOX 1785 FLAGLER BEACH FL 32136 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-2857999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 1785
20 AUGUSTA TRAIL
PALM COAST FL 32137

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP CREWS, OSWALD 231 RIVER HILL DR JACKSONVILLE FL 32216 <i>President</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PAMPJER, JEAN 1255 PANES ISLAND DR UNIT 780 SAINT AUGUSTINE FL 32095	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JUDY 7255 PONCE ISLAND DR UNIT 763 SAINT AUGUSTINE FL 32095	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLEUENCE, B 1255 PONCE ISLAND DR UNIT 712 SAINT AUGUSTINE FL 32095 <i>Vice President</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEARCH, ROY P.O. BOX 1817 ST AUGUSTINE FL 32085 <i>Treasurer/Sec</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. K. Nipper PO Box 26122 Jacksonville FL 32218 <i>DIRECTOR</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Errard 1138 Compass Row ST Augustine FL 32080 <i>Director</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

022E037 (9/01)

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/02 386-445-4519
Date Daytime Phone #

7/10/02