


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90006 010 ****61.25

DOCUMENT # N22608			
1. Entity 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 1785 FLAGLER BEACH FL 32136 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SEARCH, ROY P O BOX 1785 20 AUGUSTA TRAIL PALM COAST FL 32137		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P CREWS, OSWALD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	231 RIVER HILL DR	NAME	Jean Dampier
STREET ADDRESS	JACKSONVILLE FL 32216	STREET ADDRESS	1255 Ponce Island Dr. Unit 780
CITY-ST-ZIP		CITY-ST-ZIP	ST AUGUSTINE FL 32095
TITLE	D NIPPER, K <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 26122	NAME	Michael Stokes
STREET ADDRESS	JACKSONVILLE FL 32218	STREET ADDRESS	1255 Ponce Island Dr Unit 720
CITY-ST-ZIP		CITY-ST-ZIP	ST AUGUSTINE FL 32095
TITLE	D ECARD, JAMES <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1132 COMPASS ROW	NAME	
STREET ADDRESS	SAINT AUGUSTINE FL 32080	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP KLEUENCE, B <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1255 PONCE ISLAND DR UNIT 712	NAME	
STREET ADDRESS	SAINT AUGUSTINE FL 32095	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST SEARCH, ROY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P O BOX 1817	NAME	
STREET ADDRESS	20 AUGUSTA TRAIL	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32095 - PALM COAST FL 32137	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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MOORE CR2E037 (11/03)

4. FEI Number **59-2857999** Applied For Not Applicable

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04 **386-445-4579**
 Date Daytime Phone #