


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

02-23-2005 90068 037 ****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 32138 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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 SEARCH, ROY P O BOX 1785 20 AUGUSTA TRAIL PALM COAST FL 32137			7. Name and Address of New Registered Agent		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>RH Search</i>			DATE: <i>4/16/05</i>		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when re-registering)		
FILE NOW: FEE IS \$81.25 Due By: May 1, 2005		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	Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMPLER, JEAN		NAME		
STREET ADDRESS	1255 PONCE ISLAND DR UNIT 780		STREET ADDRESS		
CITY-STATE-ZIP	SAINT AUGUSTINE FL 32095		CITY-STATE-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Delete	TITLE	James Vance, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, MARGARET		NAME	1255 Ponce Island Dr.	
STREET ADDRESS	1255 PONCE ISLAND DR UNIT 780		STREET ADDRESS	ST AUGUSTINE FL 32090	
CITY-STATE-ZIP	SAINT AUGUSTINE FL 32095		CITY-STATE-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Clyde Patthey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, BOB		NAME	4721 RUC	Director
STREET ADDRESS	1255 PONCE ISLAND DR UNIT 718		STREET ADDRESS	St. Augustine, FL 32095	
CITY-STATE-ZIP	SAINT AUGUSTINE FL 32095		CITY-STATE-ZIP		
TITLE	Soc. / Treas.	<input type="checkbox"/> Delete	TITLE	Vivian Browne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEARCH, ROY		NAME	315 Glenwood PL	Director
STREET ADDRESS	20 AUGUSTA TRAIL		STREET ADDRESS	St. Augustine, FL 32137	
CITY-STATE-ZIP	PALM COAST FL 32137		CITY-STATE-ZIP		
TITLE	Board Member VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1255 Ponce Island Dr.		NAME		
STREET ADDRESS	St. Augustine, FL 32090		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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: <i>RH Search</i>			DATE: <i>4/16/05</i>		
Signature and typed or printed name of signing officer or director			Date		

Did not have a form - changes made above

*RH Search Sec 4/15/05
 386-445-4519*