

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90061 003 ****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



1st MOORE CR2E037 (10/05)

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

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 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. I am familiar with, and accept the obligations of registered agent.

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
Due By: May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
NAME **DAMPLER, JEAN**
STREET ADDRESS **1255 PONCE ISLAND DR UNIT 780**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE **ST** Delete
NAME **SEARCH, ROY**
STREET ADDRESS **20 AUGUSTA TRAIL**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **V** Delete
NAME **PRIESTER, BRAD**
STREET ADDRESS **1255 PONCE ISLAND DR**
CITY-ST-ZIP **ST AUGUSTINE FL 32090**

TITLE **P** Delete
NAME **VAUSE, JAMES**
STREET ADDRESS **1255 PONCE ISLAND DR**
CITY-ST-ZIP **ST AUGUSTINE FL 32090**

TITLE **D** Delete
NAME **Clyde Pathney**
STREET ADDRESS **4721 Ave C**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

R.H. Search

R.H. SEARCH

1/27/06 386-445-4519