


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90106 045 \*\*\*\*61.25

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<b>DOCUMENT # N22608</b>			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01152007		Chg-NP CR2E037 (12/06)	
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. 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			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D DAMPLER, JEAN 1255 PONCE ISLAND DR UNIT 780 SAINT AUGUSTINE, FL 32095 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"D" Jennifer Blanchetto <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Po Box 4261 ST AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PP</del> SEARCH, ROY 20 AUGUSTA TRAIL PALM COAST, FL 32137 <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	V PRIESTER, BRAD 1255 PONCE ISLAND DR ST AUGUSTINE, FL 32090 <input checked="" 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	P VAUSE, JAMES 1255 PONCE ISLAND DR ST AUGUSTINE, FL 32090 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Suzie Hancock <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1030 SR 206 EAST ST AUGUSTINE FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATHEY, CLYDE 4721 AVE C SAINT AUGUSTINE, FL 32095 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Roy Search <i>Roy Search</i> (P)		Date: 1/15/07 Daytime Phone #: 386-445-4519	