

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

01-30-2008 90040 044 ****61.25

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1st MOORE CR2E037 (10/07)

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 - No P.O. Box #		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 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 <u>Roy H. Search</u> <u>Roy H Search</u> <u>1/25/08</u> <small>Signature, typed or printed name of registered agent and Title (if applicable) (NOTE: Registered Agent preparation fee and annual filing fee apply)</small> DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	P SEARCH, ROY 20 AUGUSTA TRAIL PALM COAST FL 32137 <i>Resident</i> <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	ST HANCOCK, SUZIE 1030 SR 206 EAST SAINT AUGUSTINE FL 32086 <i>Secretary</i> <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 PATHEY, CLYDE 4721 AVE C SAINT AUGUSTINE FL 32095 <i>Director</i> <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 BLANCHETTE, JENNIFER PO BOX 4261 SAINT AUGUSTINE FL 32085 <i>Director</i> <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	<i>Judith Johnson</i> 1255 Ponce Island Dr Unit 767 ST AUGUSTINE FL 32090 <i>Director</i> <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	<i>Director</i> <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 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: <u>Roy H Search</u> <u>Roy H SEARCH</u> <u>1/25/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>386-445-4519</u> <small>County Phone #</small>	