


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

3/3.

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90949 030 \*\*\*\*61.25

<b>DOCUMENT # N22608</b>					
1. Entity Name <b>TENNIS VILLAGE AT THE PONCE CONDOMINIUM ASSOCIATION, INC.</b>					
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			
Suits, Apt. #, etc.		Suits, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2857999</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For		Not Applicable			
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
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>Roy Search</i>		<i>[Signature]</i>		DATE <b>1/15/03</b>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CREWS, OSWALD</b>		NAME		
STREET ADDRESS	<b>231 RIVER HILL DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>NIPPER, K</b>		NAME		
STREET ADDRESS	<b>PO BOX 28122</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ECRARD, JAMES</b>		NAME		
STREET ADDRESS	<b>1132 COMPASS ROW</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32080</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KLEUENCE, B</b>		NAME		
STREET ADDRESS	<b>1255 PONCE ISLAND DR UNIT 712</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32095</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SEARCH, ROY</b>		NAME		
STREET ADDRESS	<b>P O BOX 1817</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32085</b>		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		
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: <b>SIGNATURE REQUIRED</b> <i>Roy Search</i>		<i>[Signature]</i>		Date <b>4/4/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	
<b>386 445-4579</b>					

CR2E037 (10/02)