

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721957

**Entity Name:** PONCE INLET CLUB SOUTH, INC.

**Current Principal Place of Business:**

4799 SOUTH ATLANTIC AVENUE  
PONCE INLET, FL 32127

**Current Mailing Address:**

4799 SOUTH ATLANTIC AVENUE  
PONCE INLET, FL 32127 US

**FEI Number:** 59-1551613

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLARK, RANDY  
4799 S ATLANTIC AVE  
UNIT 106  
PONCE INLET, FL 32127 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            HITSCHER, KARIN  
Address        6 THROGGS NECK BOULEVARD  
City-State-Zip: BRONX, NY 10465

Title            VP  
Name            EICHELBERGER, PAUL R  
Address        1 ROSE HILL CIRCLE  
City-State-Zip: LANCASTER NY 14086

Title            TREASURER  
Name            FROHNE, VALERIE J  
Address        4799 S. ATLANTIC AV  
                  #301  
City-State-Zip: PONCE INLET FL 32127

Title            SECRETARY  
Name            SHENK, MATTHEW  
Address        1473 DEER LAKE CIRCLE  
City-State-Zip: APOPKA FL 32712

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KARIN HITSCHER

**PRESIDENT**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date