

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22608

**FILED**  
**Jan 14, 2016**  
**Secretary of State**  
**CC0157687505**

**Entity Name:** TENNIS VILLAGE AT THE PONCE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1255 PONCE ISLAND DRIVE  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

P.O. BOX 3024  
ST. AUGUSTINE, FL 32085 US

**FEI Number: 59-2857999**

**Certificate of Status Desired: No**

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

YEOMAN, SCOTT M  
4960 VOGEL ROAD  
ST. AUGUSTINE, FL 32092 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 VP  
Name SIMON, JOHN  
Address 1255 PONCE ISLAND DR. UNIT 772  
City-State-Zip: SAINT AUGUSTINE FL 32095

Title DIRECTOR  
Name PATTHEY, CLYDE  
Address 4721 AVE C  
City-State-Zip: SAINT AUGUSTINE FL 32095

Title SECRETARY  
Name MEEKS, MARILYN P  
Address 134 ORANGE TREE RD.  
City-State-Zip: EAST PALATKA FL 32131

Title PRESIDENT  
Name YEOMAN, SCOTT  
Address 4960 VOGEL RD  
City-State-Zip: ST AUGUSTINE FL 32092

Title DIRECTOR  
Name PIZANTI, JACOB  
Address P.O. BOX 3024  
City-State-Zip: ST. AUGUSTINE FL 32085

*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: SCOTT M. YEOMAN**

**PRESIDENT**

**01/14/2016**

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

\_\_\_\_\_  
Date