

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90053 013 ****61.25

DOCUMENT # 721957

1. Entity Name

PONCE INLET CLUB SOUTH, INC.



Principal Place of Business

Mailing Address

4799 SOUTH ATLANTIC AVENUE
PONCE INLET FL 32127

4799 SOUTH ATLANTIC AVENUE
PONCE INLET FL 32127
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

4. FEI Number

59-1551613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ANTHONY, JOHN~~ **GARZA, C. MARIE**
~~94 LENOX~~
~~DAYTONA BEACH FL 32118~~

Name **GARZA, C. MARIE**

Street Address (P.O. Box Number is Not Acceptable)
4799 S. Atlantic Ave. #106

City **Ponce Inlet**

FL

Zip Code
32127

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

C. MARIE GARZA, PROPERTY MGR. 4/6/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **TOLLISON, HUGH**
CITY-STATE-ZIP **PO BOX 937**
FERNANDINA BEACH FL 32035

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **MARTIN, JOYCE**
CITY-STATE-ZIP **7450 FIELDS DR**
CUMMING GA 30041

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **TOLLISON, SAMMIE**
CITY-STATE-ZIP **4799 S. ATLANTIC AVE.**
PONCE INLET FL 32127

TITLE ☒ Delete
NAME **B**
STREET ADDRESS **BLANZ, GWEN**
CITY-STATE-ZIP **2348 TRISTAN CIR**
ATLANTA GA 30345

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HADDAD, SHELLY**
CITY-STATE-ZIP **3924 LAKE SARAH DR.**
ORLANDO FL 32804

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MCGUIRE, THOMAS**
CITY-STATE-ZIP **5328 CARLINGFORD DR**
TOLEDO OH 43623

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **TOLLISON, SAMMIE**
CITY-STATE-ZIP **4799 S. ATLANTIC AVE.**
PONCE INLET, FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
NAME **P**
STREET ADDRESS **MICHAEL GRUSKIN**
CITY-STATE-ZIP **1160 ROLLINGWOOD TR.**
MAITLAND, FL 32751

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **THOMAS MCGUIRE**
CITY-STATE-ZIP **5328 CARLINGFORD DR.**
TOLEDO, OH 43623

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:

Joyce B Martin

JOYCE B. MARTIN ASST. SEC. 4/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #