2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721957

FILED Jun 22, 2009 Secretary of State

Entity Name: PONCE INLET CLUB SOUTH, INC.

Current Principal Place of Business: New Principal Place of Business:

4799 SOUTH ATLANTIC AVENUE PONCE INLET, FL 32127

Current Mailing Address: New Mailing Address:

4799 SOUTH ATLANTIC AVENUE PONCE INLET, FL 32127 US

FEI Number: 59-1551613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GARZA, MARIE C
4799 S ATLANTIC AVE #106
PORT ORANGE, FL 32127 US
GARZA, CARMEN M MGR
4799 S ATLANTIC AVE
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.

in the State of Florida.

SIGNATURE: CARMEN MARIE GARZA 06/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 AT
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 TOLLISON, HUGH
 Name:
 FLINT, WILLIAM F PRES

 Address:
 PO BOX 937 BEACH
 Address:
 14749 EAGLE CROSSING DR.

 City-St-Zip:
 FERNANDINA, FL 92035
 City-St-Zip:
 ORLANDO, FL 32837 US

 Title:
 VP
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 HADDAD, SHELLY
 Name:
 HADDAD, SHELLY VP

 Address:
 3924 LAKE SARAH DR.
 Address:
 3924 LAKE SARAH DR.

 City-St-Zip:
 ORLANDO, FL 32804
 City-St-Zip:
 ORLANDO, FL 32804 US

Title: P/T () Delete Title: D (X) Change () Addition

 Name:
 FLINT, WILLIAM
 Name:
 MURRAY, ALEXANDER J

 Address:
 14749 EAGLE CROSSING DR.
 Address:
 270 CONSTANCE RD

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 DEBARY, FL 32713 US

Title: D () Delete Title: D (X) Change () Addition

Name: LAWTON, TOLLISON Name: LAWTON, TOLLISON
Address: 116 ROYAL DR. Address: 116 ROYAL DR.

City-St-Zip: BRUNSWICK, GA 31523 City-St-Zip: BRUNSWICK, GA 31523 US

Title: AS () Delete Title: AS (X) Change () Addition

Name: JOYLE, MARTIN Name: JOYLE, MARTIN

 Address:
 4799 S. ATLANTIC AVE. #208
 Address:
 4799 S. ATLANTIC AVE. #208

 City-St-Zip:
 PONCE INLET, FL 32127
 City-St-Zip:
 PONCE INLET, FL 32127 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 GALIOTO, KARIN

 Address:
 Address:
 6 THROGGS NECK BLVD

 City-St-Zip:
 City-St-Zip:
 BRONX, NY 10465 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM WALTER FLINT PRES 06/22/2009

Electronic Signature of Signing Officer or Director

Date