

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S84036** (0)  
1. Corporation Name  
**PONCE LANDING OF ST. AUGUSTINE BEACH RENTAL COMP  
ANY, INC.**



Principal Place of Business Mailing Address  
**826 A1A BCH. BLVD. #41** **826 A1A BCH. BLVD. #41**  
**ST. AUGUSTINE BEACH FL 32084** **ST. AUGUSTINE BEACH FL 32084**  
**US** **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/01/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3085210	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

JONES, KATHERINE G.  
780 N. PONCE DE LEON BLVD.  
P.O. DRAWER 3007  
ST. AUGUSTINE FL 32085-3007

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	THORNE, SUSAN	
STREET ADDRESS	5143 HOLLY RD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GEIB, SUSAN	
STREET ADDRESS	11 DONDANVILLE RD #3	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURT, JAMES W	
STREET ADDRESS	8258 DAWN DR	
CITY-ST-ZIP	JONESBORO GA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PABST, HAROLD	
STREET ADDRESS	1146 SAN JOSE FOREST DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUSAN THORNE
1.3 STREET ADDRESS	8787 SOUTHSIDE BLVD # 2902
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
2.1 TITLE	BROKER <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANDRA GEIB
2.3 STREET ADDRESS	6233 AIA SOUTH
2.4 CITY-ST-ZIP	ST. AUGUSTINE, 32084
3.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES BURT
3.3 STREET ADDRESS	8258 DAWN DRIVE
3.4 CITY-ST-ZIP	JONESBORO, GA. 30236
4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BETTY COBB
4.3 STREET ADDRESS	49 LOGANBERRY CIRCLE
4.4 CITY-ST-ZIP	VALDOSTA, GA 31602
5.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HAROLD LYONS
5.3 STREET ADDRESS	5802 S.W. 89TH TERRACE
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
6.1 TITLE	GROUNDS DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JAMES ZUCCARDI
6.3 STREET ADDRESS	508 CASTANO STREET
6.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*J. Zuccardi*

CR2E034 (10/97)