

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742229

FILED
Mar 17, 2009
Secretary of State

Entity Name: TENNIS VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

2177 SE OCEAN
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

2177 SE OCEAN
STUART, FL 34996 US

New Mailing Address:

FEI Number: 59-1907801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAZMIER, T
2177 SE OCEAN
STUART, FL 34996 US

Name and Address of New Registered Agent:

KAZMIER, TIMOTHY D
2177 SE OCEAN
STUART, FL 34996 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: TIMOTHY D. KAZMIER

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SONNEBORN, DUANE
Address: 2177 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: DT () Delete
Name: LAMBERT, HARRY
Address: 2177 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: DS () Delete
Name: PERRIGO, BOB
Address: 2177 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: PD () Delete
Name: CHURCH, ROBERT
Address: 2177 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: HELMER, HELEN JOANN
Address: 2177 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASD (X) Change () Addition
Name: HOLMES, ROBERT
Address: 2177 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HELMER, HELEN JOANN
Address: 2177 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996

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: TIMOTHY D KAZMIER

MGR

03/17/2009

Electronic Signature of Signing Officer or Director

Date