

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 745221 (2)

1. Corporation Name
TENNIS LODGES #1 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
CHERYL HOSTE, PCAM, DISTINCTIVE HOMES
~~18857 WELL TRACE D-1~~
WELLINGTON FL 33414
 US

3. Date Incorporated or Qualified **12/12/1978** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 12765 W. Forest Hill #1302 **27 12765 W. Forest Hill #1302**
 City & State City & State
23 **28**
 Zip Country Zip Country
24 **25** **29** **30**

4. FEI Number **59-1877098** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HOSTE, CHERYL PCAM
DISTINCTIVE HOMES
~~18857 WELL TRACE D-1~~ **12765 W. Forest Hill #1302**
WELLINGTON FL 33414
 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, ESTHER	12 NAME	
STREET ADDRESS	11863 WIMBLEDON CIR #532	13 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	14 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUFFER, JIM	22 NAME	
STREET ADDRESS	11863 WIMBLEDON CIR 102-I	23 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	24 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABOUZEID, SANDY	32 NAME	
STREET ADDRESS	11863 WIMBLEDON CIRCLE, #102-A	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT	42 NAME	
STREET ADDRESS	11863 WIMBLEDON #550	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	D MILLER, MARLENE
STREET ADDRESS		53 STREET ADDRESS	11863 WIMBLEDON #505
CITY-ST-ZIP		54 CITY-ST-ZIP	W. PALM BCH FL 33414
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT SMITH, PRES. *R.B. Smith* **1-24-96 407-798-9448**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)