

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745221** (2)
1. Corporation Name
TENNIS LODGES #1 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business CHERYL HOSTE, PCAM-DISTINCTIVE HOMES 12765 W. FOREST HILL SUITE 1302 WELLINGTON FL 33414 US	Mailing Address CHERYL HOSTE, PCAM-DISTINCTIVE HOMES 12765 W. FOREST HILL SUITE 1302 WELLINGTON FL 33414 US
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3. Date Incorporated or Qualified 12/12/1978		
4. FEI Number 59-1877098	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		

2. Principal Place of Business 21 90 Wellington Management, Inc. Suite, Apt. #, etc. 22 12785-C Forest Hill Blvd. City & State 23 Wellington, FL Zip 24 33414	2a. Mailing Address 26 90 Wellington Management, Inc. Suite, Apt. #, etc. 27 12785-C Forest Hill Blvd. City & State 28 Wellington, FL Zip 29 33414	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent
**NELSON, MICHAEL
DISTINCTIVE HOMES
12765 W. FOREST HILL SUITE 1302
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name John Newsome	
82 Street Address (P.O. Box Number is Not Acceptable) Wellington Management, Inc.	
83 12785-C Forest Hill Blvd.	
84 City Wellington	85 Zip Code FL 33414

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 *[Signature]* **John Newsome** DATE **1-12-98**

12. OFFICERS AND DIRECTORS

TITLE D	NAME KEMPLIN, RAY	<input type="checkbox"/> DELETE
STREET ADDRESS 12765 W FOREST HILL BLVD #1302	CITY-ST-ZIP WELLINGTON FL	
TITLE VPD	NAME PUFFER, JIM	<input type="checkbox"/> DELETE
STREET ADDRESS 11863 WIMBLEDON CIR 102-1	CITY-ST-ZIP W PALM BCH FL	
TITLE TD	NAME ABOUZEID, SANDY	<input type="checkbox"/> DELETE
STREET ADDRESS 11863 WIMBLEDON CIRCLE, #102-A	CITY-ST-ZIP WEST PALM BEACH FL	
TITLE PD	NAME SMITH, ROBERT	<input type="checkbox"/> DELETE
STREET ADDRESS 11863 WIMBLEDON #550	CITY-ST-ZIP WEST PALM BEACH FL	
TITLE D	NAME MILLER, MARLENE	<input type="checkbox"/> DELETE
STREET ADDRESS 11863 WIMBLEDON SUITE 505	CITY-ST-ZIP WEST PALM BEACH FL	
TITLE AS	NAME NELSON, MICHAEL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 12765 W-FOREST HILL BLVD #1302	CITY-ST-ZIP WELLINGTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JAMES PUFFER 3-30-98**

CR2E037 (10/97)