

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90038 032 ****61.25

DOCUMENT # 745221

1. Entity Name

TENNIS LODGES #1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O WELLINGTON MANAGEMENT, INC.
 12785-C FOREST HILL BLVD
 WELLINGTON FL 33414
 US

C/O WELLINGTON MANAGEMENT, INC.
 12785-C FOREST HILL BLVD.
 WELLINGTON FL 33414-4777
 US

60040753



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1877098

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWSOME, JOHN
WELLINGTON MANAGEMENT, INC.
12785-C FOREST HILL BLVD
WELLINGTON FL 33414

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<input checked="" type="checkbox"/>	KEMPLIN, RAY	12785 W FOREST HILL BLVD #1302	WELLINGTON FL	<input type="checkbox"/>
<input checked="" type="checkbox"/>	VPD PUFFER, JIM	11863 WIMBLEDON CIR 102-I	W PALM BCH FL	<input type="checkbox"/>
<input type="checkbox"/>	D ARMANTO, ROCKY	11863 WIMBLEDON CIR., #414	WELLINGTON FL 33414	<input type="checkbox"/>
<input checked="" type="checkbox"/>	D MILLER, MARLENE	11863 WIMBLEDON SUITE 505	WEST PALM BEACH FL	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/>	P, D	11863 WIMBLEDON CIR	WELLINGTON FL 33414	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	P Charles Lawson	1806 HWY 35	OAKHURST, NJ 07155	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	D Judith Lawson	15 Whippoorwill Rd.	Armonk, NY 10501	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	D Judith Tudor	890 Duvall Rd.	Georgetown, KY 40324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond Kurn **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 03/28/00 (561) 684-1745
 Daytime Phone #

CR2E037 (9/99)