SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25). See letter

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 SEP 26 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750323 (8)

1. Corporation Name
TENNIS VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1295 TITUSVILLE FL 32781-1295 US	P.O. BOX 1295 TITUSVILLE FL 32781-1295 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1979
3a. Date of Last Report: 07/09/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2372525 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ABBOTT, ANGELA A
11 A MAX BREWER MEMORIAL PKWY
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name: John Hank Evans, Attorney at Law
82 Street Address (P.O. Box Number is Not Acceptable): 1702 S. Washington Ave
83
84 City: Titusville FL 85 Zip Code: 32780

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] 9-3-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	Melani Tacdon - President	☒ Change ☐ Addition
NAME	PECK, INE S		1.2 NAME		
STREET ADDRESS	1796 S PARK AVENUE		1.3 STREET ADDRESS	1772 S. Park Ave	
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP	Titusville, FL 32780	
TITLE	S	☒ DELETE	2.1 TITLE	Gloria Panasis - Secretary	☒ Change ☐ Addition
NAME	PECK, MARY		2.2 NAME		
STREET ADDRESS	1748		2.3 STREET ADDRESS	1766 S. Park Ave	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	Titusville, FL 32780	
TITLE	T	☐ DELETE	3.1 TITLE	000002307040---2	☐ Change ☐ Addition
NAME	JACKSON, NANCY		3.2 NAME	-09/29/97--01192--006	
STREET ADDRESS	1644 PARK AVE.		3.3 STREET ADDRESS	same *****61.25 *****61.25	
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	LUNDBERG, CAROL		4.2 NAME	Shelly Chetham	
STREET ADDRESS	1662 S. PARK AVE.		4.3 STREET ADDRESS	1788 S. Park Ave	
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP	Titusville, FL 32780	
TITLE	D	☒ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	PANASIS, DONALD		5.2 NAME	Dominick Ferrentino	
STREET ADDRESS	1766 S. PARK AVE.		5.3 STREET ADDRESS	1844 S. Park Ave.	
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-ST-ZIP	Titusville, FL 32780	
TITLE	D	☒ DELETE	6.1 TITLE	James Harris - Director	☒ Change ☐ Addition
NAME	O'DOHERTY, JOSEPH		6.2 NAME		
STREET ADDRESS	1826 S. PARK AVE.		6.3 STREET ADDRESS	1770 S. Park Ave	
CITY-ST-ZIP	TITUSVILLE FL		6.4 CITY-ST-ZIP	Titusville, FL 32780	

9-26-97

CR2E037 (4/97)

14. I do 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.

267428

SIGNATURE REQUIRED [signature] 9-18-97