

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750323

1. Entity Name

TENNIS VILLAGE HOMEOWNERS ASSOCIATION, INC.

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

03-31-2000 90058 008 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1295
TITUSVILLE FL 32781-1295
US

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TITUSVILLE FL 32781-1295
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2372525

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

HANK EVANS, JOHN
1702 S. WASHINGTON AVE.
TITUSVILLE FL 32780

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	P	☒ Delete
NAME	SELENE, CLARK	
STREET ADDRESS	1740 S PARK AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	S	☒ Delete
NAME	NYBERY, BEA	
STREET ADDRESS	1626 S PARK AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	T	☒ Delete
NAME	HARRIS, JUDITH	
STREET ADDRESS	1840 S PARK AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	☒ Delete
NAME	ZALENE, LUMAN	
STREET ADDRESS	1688 S PARK AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	☒ Delete
NAME	BRADSHAW, KIM	
STREET ADDRESS	1812 S PARK AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	WALTER MELVIN	
STREET ADDRESS	1672 S. PARK AV	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	V. PRES.	☒ Change ☐ Addition
NAME	EB ETHORIDGE	
STREET ADDRESS	1632 S. PARK AV	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SECRET.	☒ Change ☐ Addition
NAME	JUDITH HARRIS	
STREET ADDRESS	1840 S. PARK AV	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TRBAS.	☒ Change ☐ Addition
NAME	DONNA GLIDEWELL	
STREET ADDRESS	1716 S. PARK AV	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	TOMMY LEE	
STREET ADDRESS	1662 S PARK AV	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	JOYCE PHILLIPS	
STREET ADDRESS	1634 S. PARK AV	
CITY-ST-ZIP	TITUSVILLE FL 32780	

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:

WALTER MELVIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)