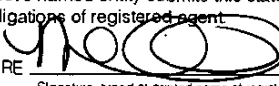


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90294 046 ****61.25

DOCUMENT # 750323 1. Entity Name TENNIS VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1295 TITUSVILLE FL 32781-1295 US			Mailing Address P.O. BOX 1295 TITUSVILLE FL 32781-1295 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2372525 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent MATHENY, JOE D 335 INDIAN RIVER AVENUE TITUSVILLE FL 32796				7. Name and Address of New Registered Agent Name BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) ATTN: MARLENE L. KIRTLAND, ESQ 2500 Maitland Center Parkway #209 City Maitland FL Zip Code 32751	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Esq. 4/2/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OGDEN, KAREN 1840 S PARK AVE. TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENTON, DIANA 1832 S PARK AVE. TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELAINE MEYER 1802 S. PARK AV. TITUSVILLE, FL 32780 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BECKWITH, RUSSELL 1770 S PARK AVE. TITUSVILLE FL 32780 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONNA GLIDEWELL 1716 S. PARK AV TITUSVILLE, FL 32780 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, THOMAS 1662 S PARK AVE. TITUSVILLE FL 32780 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDFRIED, MARY 1640 S PARK AVE. TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SBC. ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUSTER, CYNTHA 1836 S PARK AVE TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <i>Karen S. Ogden President</i> 4-14-05 321-427-8568 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					