FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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1995 MAY -1

SECRETARY OF STATE
TALLAHASSEE

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
TENNIS LODGES #1 CONDOMINIUM ASSOCIATION, INC.

DOCUMENT #
745221 (2)

10000149085 1
-05/17/95--01054--018
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

Mailing Address
~~TOWN CENTER RD #200~~
~~BOCA RATON~~
Cheryl Hoste, PCAM
Distinctive Homes
13857 Well Trace D-1
Wellington, FL 33414

Principal Place of Business
~~5255 TOWN CENTER RD #200~~
~~BOCA RATON~~
Cheryl Hoste, PCAM
Distinctive Homes
13857 Well Trace D-1
Wellington, FL 33414

If above ... ly, line through incorrec... below.

2. Mailing Address
21 ~~403 S US Hwy 1~~
Suite, Apt. #, etc.
22 ~~FS-135~~
City & State
23 ~~Sutter FL~~
Zip
24 ~~33477~~
Country
25 ~~USA~~

2a. Principal Place of Business
26 ~~403 S US Hwy 1~~
Suite, Apt. #, etc.
27 ~~FS-135~~
City & State
28 ~~Sutter FL~~
Zip
29 ~~33477~~
Country
30 ~~USA~~

3. Date Incorporated or Qualified: 12/12/1978
3a. Date of Last Report: 04/06/1993
4. FEI Number: 59-1877098 ☐ 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~ISAACSON, WILLIAM R.~~
~~C/O LANG MANAGEMENT CO., INC.~~
~~5255 TOWN CENTER RD #200~~
~~BOCA RATON FL 33486~~

Cheryl Hoste, PCAM
Distinctive Homes
13857 Well Trace D-1
Wellington, FL 33414

10. Name and Address of New Registered Agent
81 Name ~~Steve [illegible]~~
82 Street Address (P.O. Box Number is Not Acceptable) ~~c/o [illegible] Management Services, Inc~~
83 ~~403 S US Hwy 1, #FS-135~~
84 City ~~Sutter~~ ~~FL~~
85 Zip Code ~~33477~~

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE Cheryl Hoste DATE ~~7-22-94~~

4-27-95

12. OFFICERS AND DIRECTORS

1.1 TITLE	~~S/T/D~~	✓
1.2 NAME	STEVENS, ESTHER	
1.3 STREET ADDRESS	11863 WIMBLEDON CIR #532	
1.4 CITY-ST-ZIP	W. PALM BCH. FL	
2.1 TITLE	~~D~~	
2.2 NAME	~~GROSS, HOWARD~~	
2.3 STREET ADDRESS	11863 WIMBLEDON CIR ~~#430~~	
2.4 CITY-ST-ZIP	W PALM BCH FL	
3.1 TITLE	~~V/D~~	
3.2 NAME	~~DALY, RICHARD~~	
3.3 STREET ADDRESS	~~227 PALMER HILL RD~~	
3.4 CITY-ST-ZIP	~~OLD GREENWICH CT~~	
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

13. CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE	D	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	
2.2 NAME	Puffer, Jim 102 I	✓
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	
3.2 NAME	~~[illegible]~~	
3.3 STREET ADDRESS	~~[illegible] Wimbledon Cir 107~~ D	
3.4 CITY-ST-ZIP	~~[illegible]~~	
4.1 TITLE	T/D	
4.2 NAME	Abouzeid, Sandy	✓
4.3 STREET ADDRESS	11863 Wimbledon Circle, H102-A	
4.4 CITY-ST-ZIP	West Palm Bch, FL 33414	
5.1 TITLE		TAW 6-1-95
5.2 NAME	~~[illegible]~~	
5.3 STREET ADDRESS	~~[illegible]~~	
5.4 CITY-ST-ZIP	~~[illegible]~~	
6.1 TITLE	VP/D	
6.2 NAME	ROBERT SMITH	
6.3 STREET ADDRESS	11863 Wimbledon #550	
6.4 CITY-ST-ZIP	West Palm Bch FL 33414	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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: Jim Puffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95
Date Daytime Phone #