


FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **745221** (2)

1. Corporation Name

TENNIS LODGES #1 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business CHERYL HOOTE-PCAM-DISTINCTIVE HOMES 12765 W. FOREST HILL SUITE 1302 WELLINGTON FL 33414 US	Mailing Address CHERYL HOOTE-PCAM-DISTINCTIVE HOMES 12765 W. FOREST HILL SUITE 1302 WELLINGTON FL 33414 US
---	---

3. Date Incorporated or Qualified 12/12/1978	3a. Date of Last Report 02/09/1996
4. FEI Number 59-1877098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOTE, CHERYL-PCAM-DISTINCTIVE HOMES
12765 W. FOREST HILL SUITE 1302
WELLINGTON FL 33414

81 Name Michael Nelson	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City FL	85 Zip Code
----------------------------------	---	----	----------------------	-------------

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]* DATE **4/25/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE RAY KEMPLIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEVENS, ESTHER		1.2 NAME 12765 W. Forest Hill Blvd. #1302	
STREET ADDRESS 11863 WIMBLEDON CIR #532		1.3 STREET ADDRESS Wellington, FL 33414	
CITY-ST-ZIP W. PALM BCH. FL		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PUFFER, JIM		2.2 NAME	
STREET ADDRESS 11863 WIMBLEDON CIR 102-1		2.3 STREET ADDRESS	
CITY-ST-ZIP W PALM BCH FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABOUZEID, SANDY		3.2 NAME	
STREET ADDRESS 11863 WIMBLEDON CIRCLE, #102-A		3.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, ROBERT		4.2 NAME	
STREET ADDRESS 11863 WIMBLEDON #550		4.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, MARLENE		5.2 NAME	
STREET ADDRESS 11863 WIMBLEDON SUITE 505		5.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Michael Nelson	
STREET ADDRESS		6.3 STREET ADDRESS 12765 W Forest Hill Blvd #1302	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Wellington FL 33414	

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.

SIGNATURE: *[Signature]* DATE **4/25/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0078648**

CR2E037 (9/96)