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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745221**

1 Corporation Name

TENNIS LODGES #1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O WELLINGTON MANAGEMENT. INC. 12785-C FOREST HILL BLVD WELLINGTON FL 33414 US	C/O WELLINGTON MANAGEMENT. INC. 12785-C FOREST HILL BLVD. WELLINGTON FL 33414 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
12/12/1978

4. FEI Number
59-1877098
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

NEWSOME, JOHN
WELLINGTON MANAGEMENT, INC.
12785-C FOREST HILL BLVD
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KEMPLIN, RAY		1.2 NAME		
STREET ADDRESS	12765 W FOREST HILL BLVD #1302		1.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PUFFER, JIM		2.2 NAME		
STREET ADDRESS	11863 WIMBLEDON CIR 102-I		2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	3.1 TITLE		☐ Change ☐ 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	☑ DELETE	4.1 TITLE		☐ Change ☐ 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	☐ DELETE	5.1 TITLE		☐ Change ☐ 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		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	Rocky Armento	
STREET ADDRESS			6.3 STREET ADDRESS	11863 Wimbledon Cir. #414	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Wellington FL. 33414	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: James Preter SIGNATURE REQUIRED 4-3-99 561-791-0815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #