

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745221

1. Entity 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 33414-4777
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1877098

Applied For

Not Applicable

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

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

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 ☒ Delete
NAME KEMPLIN, RAY
STREET ADDRESS 12785 W FOREST HILL BLVD #1302
CITY-ST-ZIP WELLINGTON FL

TITLE ☒ Change ☐ Addition
NAME P.O.
STREET ADDRESS 11863 WIMBLEDON CIR UNIT # 526
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☒ Delete
NAME VPD
NAME PUFFER, JIM
STREET ADDRESS 11863 WIMBLEDON CIR 102-I
CITY-ST-ZIP W PALM BCH FL

TITLE ☐ Change ☒ Addition
NAME P
NAME Charles Lawson
STREET ADDRESS 1806 HWY 35
CITY-ST-ZIP oakhurst, NJ 07055

TITLE ☐ Delete
NAME D
NAME ARMANTO, ROCKY
STREET ADDRESS 11863 WIMBLEDON CIR., #414
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
NAME MILLER, MARLENE
STREET ADDRESS 11863 WIMBLEDON SUITE 505
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Change ☒ Addition
NAME D
NAME Judith Lawson
STREET ADDRESS 15 whippoorwill Rd.
CITY-ST-ZIP Armonk, NY 10501

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
NAME Judith Tudor
STREET ADDRESS 880 Duval Rd.
CITY-ST-ZIP Georgetown, KY 40324

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Raymond Kemplin* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/00 (561) 684-1745

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

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