

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90001 049 ****61.25

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
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
NAME PD
STREET ADDRESS KEMPLIN, RAY
CITY-ST-ZIP 11863 WIMBLEDON CIR UNIT 526
WEST PALM BEACH FL 33414 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS LAWSON, CHARLES
CITY-ST-ZIP 1806 HWY 35
OAK HURST NJ 07155 ☐ Delete

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

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

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

TITLE
NAME D
STREET ADDRESS LAWSON, JUDITH
CITY-ST-ZIP 15 WIPPOOR WILL RD
AMAWALK NY 10501 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS TUDOR, JUDITH
CITY-ST-ZIP 880 DUVALL RD
GEORGETOWN KY 40324 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS Pam Madore
CITY-ST-ZIP 11863 Wimbledon Cir. #410
Wellington FL 33414 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)