

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742229

**Entity Name:** TENNIS VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

1530 NE AMY AVENUE  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

1530 NE AMY AVENUE  
JENSEN BEACH, FL 34957 US

**FEI Number:** 59-1907801

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PLANTATION MANAGEMENT COMPANY  
1530 NE AMY AVENUE  
JENSEN BEACH, FL 34957 US

*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:** TIMOTHY KAZMIER

04/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name KOKOTAILO, KEVIN  
Address 524 NE PLANTATION ROAD  
City-State-Zip: STUART FL 34996

Title SECRETARY, DIRECTOR  
Name NUNN, MARY  
Address 514 NE PLANTATION ROAD  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name TOLLEY, LISA  
Address 544 NE PLANTATION ROAD  
UNIT # 4705  
City-State-Zip: STUART FL 34996

Title PRESIDENT, DIRECTOR  
Name SUMPLE, GARY  
Address 524 NE PLANTATION ROAD  
UNIT #4505  
City-State-Zip: STUART FL 34996

Title TREASURER, DIRECTOR  
Name MICHONSKI, STEPHEN  
Address 5811 NE GULFSTREAM WAY  
UNIT#4005  
City-State-Zip: STUART FL 34996

Title MANAGER  
Name KAZMIER, TIMOTHY D.  
Address 625 SE CENTRAL PARKWAY  
City-State-Zip: STUART FL 34994

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY D KAZMIER

MANAGER

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date