

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742229

**Entity Name:** TENNIS VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**625 SE CENTRAL PARKWAY  
STUART, FL 34994**Current Mailing Address:**625 SE CENTRAL PARKWAY  
STUART, FL 34994 US**FEI Number:** 59-1907801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAZMIER, TIMOTHY D  
625 SE CENTRAL PARKWAY  
STUART, FL 34994 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name SONNEBORN, DUANE  
Address 554 NE PLANTATION ROAD UNIT  
4808  
City-State-Zip: STUART FL 34996

Title DVP  
Name HOLMES, ROBERT  
Address 504 NE PLANTATION ROAD UNIT  
4304  
City-State-Zip: STUART FL 34996

Title DS  
Name HELMER, HELEN JOANN  
Address 5811 NE GULFSTREAM WAY UNIT  
4005  
City-State-Zip: STUART FL 34996

Title D  
Name POTTER, JAMES  
Address 514 NE PLANTATION ROAD UNIT  
4412  
City-State-Zip: STUART FL 34996

Title DT  
Name INGOLD, JACK  
Address 504 NE PLANTATION ROAD UNIT  
4303  
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****01/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date