

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750323

Entity Name: TENNIS VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1716 S. PARK AVENUE
TITUSVILLE, FL 32780**Current Mailing Address:**P.O. BOX 1295
TITUSVILLE, FL 32781 US**FEI Number:** 59-2372525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLIDEWELL, DONNA L
1716 S. PARK AVENUE
TITUSVILLE, FL 32780 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 ASST. TREASURER

Name GONZALEZ, JOANN

Address 1718 S PARK AVE

City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR

Name MCELROY, KERRY

Address 1774 S PARK AVE

City-State-Zip: TITUSVILLE FL 32780

Title PRESIDENT, TREASURER

Name GLIDEWELL, DONNA

Address 1716 S. PARK AVE

City-State-Zip: TITUSVILLE FL 32780

Title VP

Name ALLEN, CONNIE

Address 1838 S. PARK AVENUE

City-State-Zip: TITUSVILLE FL 32780

Title SECRETARY

Name ABRAHAM, DELORES M.

Address 1682 S. PARK AVENUE

City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR

Name PRESTON, CHARLES

Address 1646 S. PARK AVENUE

City-State-Zip: TITUSVILLE FL 32780

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: DONNA L. GLIDEWELL**PRESIDENT****03/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date