

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22608

FILED
Mar 05, 2020
Secretary of State
2811096997CC

Entity Name: TENNIS VILLAGE AT THE PONCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1255 PONCE ISLAND DRIVE
ST. AUGUSTINE, FL 32095

Current Mailing Address:

205 WALER WAY SUITE 5
ST. AUGUSTINE, FL 32085 US

FEI Number: 59-2857999

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLIANCE REALTY AND MANAGEMENT
205 WALER WAY SUITE 5
ST. AUGUSTINE, FL 32085 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: MATTHEW CHAPMAN

03/05/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name FORRESTER, KEN
Address 205 WALER WAY SUITE 5
City-State-Zip: ST. AUGUSTINE FL 32085

Title TREASURER
Name MAURO, JASON
Address 205 WALER WAY SUITE 5
City-State-Zip: ST. AUGUSTINE FL 32085

Title SECRETARY
Name BUELL, REGINA
Address 205 WALER WAY SUITE 5
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name MARTINS-RIVAR, ISABELA
Address 205 WALER WAY SUITE 5
City-State-Zip: ST. AUGUSTINE FL 32085

Title PRESIDENT
Name PRATT, DON
Address 205 WALER WAY SUITE 5
City-State-Zip: ST. AUGUSTINE FL 32085

Title MANAGER
Name CHAPMAN, CINDY
Address 205 WALER WAY SUITE 5
City-State-Zip: ST. AUGUSTINE FL 32085

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: CINDY S CHAPMAN

MANAGER

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date