

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N22608

**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**

**08/22/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BUELL, REGINA  
Address P.O. BOX 3024  
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR  
Name MAURO, JASON  
Address P.O. BOX 3024  
City-State-Zip: ST. AUGUSTINE FL 32085

Title PRESIDENT  
Name PIZANTI, JACOB  
Address P.O. BOX 3024  
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR  
Name HANSON, GREGORY  
Address P.O. BOX 3024  
City-State-Zip: ST. AUGUSTINE FL 32085

Title SECRETARY  
Name PRATT, DON  
Address 1255 PONCE ISLAND DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32095

Title MANAGER  
Name CHAPMAN, MATTHEW  
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: MATTHEW CHAPMAN**

**MANAGER**

**08/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date