## 2006 NOT-FOR-PROFIT CORPORATION . - ANNUAL REPORT (AR)

CITY-ST-ZIP

SIGNATURE

## **Secretary of State DOCUMENT # 732420** 1. Entity Name 02-27-2006 90079 025 \*\*\*\*61.25 TENNIS OASIS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3400 WIMBLEDON DRIVE PENSACOLA FL 32504-4504 3400 WIMBLEDON DRIVE PENSACOLA FL 32504-4504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2351819 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALTINNER, MICHELLE 3400 WIMBLEDON DRIVE, # 50 PENSACOLA FL 32504 8. 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. I am familiar with, and accept the obligations of registered agent. 10050, SIGNATURE (NOTE: Registered Age FILE NOW: FEE IS \$61.25 **\$5.00** May Be 9. Election Campaign Financing Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 resident TITLE TITLE X Delete ☐ Change Addition Carol Ausborn POUNDERS, RIC NAME NAME 3400 Wimbledon De # 3400 WINBLEDON DR # 2 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32504 CITY-ST-ZIP CITY-ST-ZIP ensacola, FL Treasurer TITLE Delete TITLE ☐ Change Addition BARBARA. HALTINNER, MICHELLE NAME NAME 3400 Wimbledon DR#3 3400 WINBLEDON DR # 8 STREET ADDRESS STREET ADDRESS Persacola, Fi PENSACOLA FL 32504 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Florither certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the faceiver or trustee empowered of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Feb 27, 2006 8:00 am