


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90093 003 \*\*\*\*61.25

<b>DOCUMENT # 732420</b> 1. Entity Name TENNIS OASIS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business  
3400 WIMBLEDON DRIVE  
PENSACOLA, FL 32504-4504

Mailing Address  
3400 WIMBLEDON DRIVE  
PENSACOLA, FL 32504-4504



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2351819	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

Haltinner Michelle  
ALONSO, BARBARA  
3400 WIMBLEDON DR, # 50  
PENSACOLA, FL 32504

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

*Michelle M. Haltinner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/07

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUSBORN, CAROL 3400 WIMBLEDON DR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Haltinner, Michelle ALONSO, BARBARA 3400 WIMBLEDON DR, # 8 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 receiver or trustee empowered to 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.

**SIGNATURE:**

*Michelle M. Haltinner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle M. Haltinner

4/12/07

Date

(950) 384-2534

Daytime Phone #