FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737815 (1)

1. Corporation Name
TENNIS VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13391 MCGREGOR BLVD. SW FT MYERS FL 33919-2998	13391 MCGREGOR BLVD. SW FT MYERS FL 33919-2998

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1898986 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 194	26 P.O. Box 194
Suite, Apt. #, etc. 22 Attn: Assn. Mgmt.	Suite, Apt. #, etc. 27 Attn: Assn. Mgmt.
City & State 23 Captiva Island, FL	City & State 28 Captiva Island, FL
Zip 24 33924 Country 25	Zip 29 33924 Country 30

9. Name and Address of Current Registered Agent

HILTON GRAND VACATIONS COMPANY
13391 MCGREGOR BLVD SW
FT MYERS 33919

10. Name and Address of New Registered Agent

81 Name: South Seas Plantation Resort
82 Street Address (P.O. Box Number is Not Acceptable): 13000 Captiva Road
83 Attn: Assn. Mgmt.
84 City: Captiva Island FL 85 Zip Code: 33924

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 3/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	P ☒ Change ☐ Addition
NAME	VERNON, GRACE	1.2 NAME	Brand, Renee
STREET ADDRESS	292 PINEBROOK BLVD	1.3 STREET ADDRESS	9465 Beverly Lane
CITY-ST-ZIP	NEW ROCHELLE NY	1.4 CITY-ST-ZIP	Sanibel Island, FL 33957
TITLE	VP	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	WEHMANN, STEPHEN	2.2 NAME	Tragone, Peter
STREET ADDRESS	47 BREAKERS LANE	2.3 STREET ADDRESS	18 Court Drive
CITY-ST-ZIP	RIDGELAND MS	2.4 CITY-ST-ZIP	Monessen, PA 15062
TITLE	D	3.1 TITLE	S/T ☒ Change ☐ Addition
NAME	BLACKSHER, WILLIAM	3.2 NAME	Pace, William
STREET ADDRESS	127 MAMANASCO ROAD	3.3 STREET ADDRESS	16037 SW 74th Place
CITY-ST-ZIP	RIDGEFIELD CT	3.4 CITY-ST-ZIP	Miami, FL 33157
TITLE	PD	4.1 TITLE	D ☒ Change ☐ Addition
NAME	BRAND, RENEE	4.2 NAME	Gross, Richard
STREET ADDRESS	41 MIDWAY ROAD	4.3 STREET ADDRESS	720 Gladstone Avenue
CITY-ST-ZIP	SPRING VALLEY NY	4.4 CITY-ST-ZIP	Baltimore, MD 21210
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	SCOTT, ELIZABETH	5.2 NAME	Shea, Jack E.
STREET ADDRESS	7 OLD POND COURT	5.3 STREET ADDRESS	4604 Flagship Drive, #206
CITY-ST-ZIP	WEST ISLIP NY	5.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	TRAGONE, PETER	6.2 NAME	Korndoerfer, Tad
STREET ADDRESS	18 COURT DR	6.3 STREET ADDRESS	8 Hewlett Avenue
CITY-ST-ZIP	MONESSEN PA	6.4 CITY-ST-ZIP	Point Lookout, NY 11569

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Renee Brand 3/17/95 813 472 5979
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

Renee Brand

0018474