

FILED

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 737815 (1)
1. Corporation Name
TENNIS VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business P.O. BOX 194 ATTN: ANNS. MANAGMENT CAPTIVA ISLAND FL 33924 US		Mailing Address P.O. BOX 194 ATTN: ASSN. MANAGEMENT CAPTIVA ISLAND FL 33924-0194 US		<div style="display: flex; justify-content: space-between;"> <div>3. Date Incorporated or Qualified 01/12/1977</div> <div>3a. Date of Last Report 04/26/1996</div> </div>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1898986	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SOUTH SEAS PLANTATION RESORT 13000 CAPTIVA ROAD ATTN: ASSN. MGMT. CAPTIVA ISLAND FL 33924				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRAND, RENEE	1.2 NAME			
STREET ADDRESS	9465 BEVERLY LANE	1.3 STREET ADDRESS			
CITY - ST - ZIP	SANIBEL ISLAND FL	1.4 CITY - ST - ZIP			
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRAGONE, PETER	2.2 NAME			
STREET ADDRESS	18 COURT DRIVE	2.3 STREET ADDRESS	P.O. Box 1040 N/A		
CITY - ST - ZIP	MONESSEN PA	2.4 CITY - ST - ZIP	Captiva, FL 33924		
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PACE, WILLIAM	3.2 NAME			
STREET ADDRESS	16037 SW 74TH PLACE	3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREEDMAN, JAMES	4.2 NAME			
STREET ADDRESS	PO BOX 757 NA	4.3 STREET ADDRESS			
CITY - ST - ZIP	CAPTIVA FL	4.4 CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHEA, JACK E	5.2 NAME	Scott, Elizabeth		
STREET ADDRESS	4804 FLAGSHIP DRIVE, #206	5.3 STREET ADDRESS	7 Old Pond Court		
CITY - ST - ZIP	FT. MYERS FL	5.4 CITY - ST - ZIP	West Islip, NY 11795		
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KORNDORFER, TAD	6.2 NAME			
STREET ADDRESS	8 HEWLETT AVENUE	6.3 STREET ADDRESS			
CITY - ST - ZIP	POINT LOOKOUT NY	6.4 CITY - ST - ZIP			

SIGNATURE:

W. A. Korte RE William A. Pace

4/8/97 (305) 441-6386

Daytime Phone # 0067048

CP2E037 (9/96)