## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

## TENNIS VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED
May 20 1997 8:00am
Secretary of State



Principal Place	of Business	Mailing Address				a numitet staden better numbe i feitit stade.	a nuditti stadut tetter studut: fütitit seun tint after detter dettet anter dettet anter fatt.				
P.O. BOX 194		P.O. BOX 194									
ATTN: ANNS.	MANAGMENT		ATTN: ASSN. MANAGEMENT								
CAPTIVA ISLAN US	D FL 33924	Captiva Island FL 33924-0194 US			3. Date Incorporated or Qualified 01/12/1977	orporated or Qualified 3a, Date of Last Report 04/26/1996					
2. Principal Pl	ace of Business	2a. Maiting Address				4. FEI Number	<del> </del>	Ar	plied For		
21		26	26			59-1898986		No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	**		
22 City & State	9	City & State	City & State			E Floation Companies Financies			·		
23	•	28			6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added 1				
Zip	Country	Zip	Li - Li companyone di companyo								
24	25 29 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \( \square\) Yo \( \square\) No					
E-7	nt Registered Agent	1901	T		10. Name and Address of New Re						
,		······································		81	Name			- <del>7</del>			
CUITH	SEAS PLANTATION RESORT										
	APTIVA ROAD			82	Street	Address (P.O. Box Number is Not Acceptab	10)				
	ASSN. MGMT.			63							
	ASSN. MGMT. A ISLAND FL 33924										
CAPTIVA	ISLANU PL 33924			84	City		FL	<b>65</b> Zip	Code		
11 Degreent	to the provisions of Costions 617 050	22 and 647 1509 Florida State	too the o		namad	corporation submits this statement for the p		chanalaa ii	to registered		
office or ri	egistered agent, or both, in the State	of Florida, Such change was	authorize	id by	the cord	poration's board of directors. I hereby accep	of the appr	ointment as	registered		
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Sta	tutes							
SIGNATURE _	Signature typed or printed name of registered ag	ent and title if arphicable (NO	TE: Registers	d Age	nt signature	required when reinstating)	DATE	·			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12		
TITLE	P	DELETE	1.1 7	ITLE		VD		Change	☐ Addition		
NAME I	BRAND, RENEE		12 N	IAME							
STREET ADDRESS	9465 BEVERLY LANE		135	TREET	ADDRESS						
CITY-SI-ZIP	SANIBEL ISLAND FL		•	TY-SI							
TITLE	VP	DELETE	2.1 T			D		Change	Addition		
NAME	TRAGONE, PETER	<del></del>		AME							
STREET ADDRESS	18 COURT DRIVE				ADDRESS	P.O. Box 1040 N/A					
	MONTO OF LOAD			CITY-S		Captiva, FL 33924					
CHTY-ST-ZIP TITLE	ST	DELETE	3.17	***********	1. TIL	PD		Change	Addition		
NAME	PACE, WILLIAM			IAME	'		'				
STREET ADDRESS	16037 SW 74TH PLACE				ADDRESS				i		
	MIAMI FL			CITY-S		·					
CITY-S1-ZIP TITLE	D MINNI FL	☐ DELETE	3.4. I 4.1 T		1-64	STD		Change	Addition		
NAME	FREEDMAN, JAMES		- 1	NAME	Ì		'				
'	PO BOX 757 NA				ADDRESS						
STREET ADDRESS	CAPTIVA FL			ITY-SI							
CITY - ST - ZIP TITLE	D D	DELETE	9.4 C 5.1 T		- <u>4</u> 1F		<del></del>	Change	Addition		
NAME	SHEA, JACK E	hand Granit	5.7 N			Scott, Elizabeth					
F	4804 FLAGSHIP DRIVE, #20	e			ADDDECC	7 Old Pond Court					
STREET ADDRESS		v			ADDRESS		705				
CITY-ST-ZIP	FT. MYERS FL	DELETE		TY-ST	1 - ZIP	West Islip, NY 11		Change	Addition		
TITLE	D MODULOCOCCO TAD	L vettit						T Anguille	Find Production		
NAME	KORNDOERFER, TAD		1	IAME							
STREET ADDRESS	8 HEWLETT AVENUE				address						
CITY - ST - ZIP	POINT LOOKOUT NY		6.4 0	ITY - S	T-ZIP		<del></del>				

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone # 0067046