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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737815 (1)
 1. Corporation Name
TENNIS VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business P.O. BOX 194 ATTN: ANNS. MANAGEMENT CAPTIVA ISLAND FL 33924 US	Mailing Address P.O. BOX 194 ATTN: ASSN. MANAGEMENT CAPTIVA ISLAND FL 33924 US
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3. Date Incorporated or Qualified 01/12/1977	Applied For
4. FEI Number 59-1898986	Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SOUTH SEAS PLANTATION RESORT
13000 CAPTIVA ROAD
ATTN: ASSN. MGMT.
CAPTIVA ISLAND FL 33924**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	BRAND, RENEE
STREET ADDRESS	9485 BEVERLY LANE
CITY-ST-ZIP	SANIBEL ISLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TRAGONE, PETER
STREET ADDRESS	P.O. BOX 1040
CITY-ST-ZIP	CAPTIVA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	PACE, WILLIAM
STREET ADDRESS	16037 SW 74TH PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	FREEDMAN, JAMES
STREET ADDRESS	PO BOX 757 NA
CITY-ST-ZIP	CAPTIVA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCOTT, ELIZABETH
STREET ADDRESS	7 OLD POND COURT
CITY-ST-ZIP	WEST ISLIP NY
TITLE	D <input type="checkbox"/> DELETE
NAME	KORNDORFER, TAD
STREET ADDRESS	8 HEWLETT AVENUE
CITY-ST-ZIP	POINT LOOKOUT NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEEKLEY, PHILIP A.
1.3 STREET ADDRESS	3121 COUNTRY LANE
1.4 CITY-ST-ZIP	WILMETTE, IL 60091
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TRAGONE, PETER
2.3 STREET ADDRESS	P.O. BOX 1040 N/A
2.4 CITY-ST-ZIP	CAPTIVA, FL 33924
3.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PACE, WILLIAM
3.3 STREET ADDRESS	16037 SW 74TH PLACE
3.4 CITY-ST-ZIP	MIAMI, FL 33157
4.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FREEDMAN, JAMES
4.3 STREET ADDRESS	P.O. BOX 757 N/A
4.4 CITY-ST-ZIP	CAPTIVA, FL 33924
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCOTT, ELIZABETH
5.3 STREET ADDRESS	7 OLD POND COURT
5.4 CITY-ST-ZIP	WEST ISLIP, NY 11795
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KORNDORFER, TAD
6.3 STREET ADDRESS	8 HEWLETT AVENUE
6.4 CITY-ST-ZIP	POINT LOOKOUT, NY 11569

14. I 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: *James Freedman* **James Freedman** 1/16/98 941-395-6770

CR2E037 (10/97)