

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737815

1. Entity Name

TENNIS VILLAS CONDOMINIUM ASSOCIATION, INC.



**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90020 034 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 194  
 ATTN: ASSN. MANAGEMENT  
 CAPTIVA ISLAND FL 33924  
 US

Mailing Address

P.O. BOX 194  
 ATTN: ASSN. MANAGEMENT  
 CAPTIVA ISLAND FL 33924  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1898986

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS KORNDORFER, TAD  
 CITY-ST-ZIP 8 HEWLETT AVENUE  
 POINT LOOKOUT NY 11569

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS TRAGONE, PETER  
 CITY-ST-ZIP P.O. BOX 1040  
 CAPTIVA FL 33924

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS PACE, WILLIAM  
 CITY-ST-ZIP 16037 SW 74TH PLACE  
 MIAMI FL 33157

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME STD  
 STREET ADDRESS FREEDMAN, JAMES  
 CITY-ST-ZIP PO BOX 757 NA  
 CAPTIVA FL 33924

TITLE ☐ Change ☒ Addition  
 NAME Director  
 STREET ADDRESS William Sepp  
 CITY-ST-ZIP 903 Central Ave.  
 Spring Lake Heights, NJ 07762

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS SCOTT, ELIZABETH  
 CITY-ST-ZIP 7 OLD POND COURT  
 WEST ISLIP NY 11795

TITLE ☒ Change ☐ Addition  
 NAME Treasurer, Director  
 STREET ADDRESS Scott, Elizabeth  
 CITY-ST-ZIP P.O. Box 687  
 Captiva Island, FL 33924

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME Director  
 STREET ADDRESS Anthony Merlino  
 CITY-ST-ZIP P.O. Box 238  
 Hadley, NY 12835

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-2000

Date

941-395-2271

Daytime Phone #

CR2E037 (5/00)