

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90028 004 ****61.25

DOCUMENT # 737815

1. Entity Name

TENNIS VILLAS CONDOMINIUM ASSOCIATION, INC.

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**

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	D	<input checked="" type="checkbox"/> Delete
NAME	KORNDORFER, TAD	
STREET ADDRESS	8 HEWLETT AVENUE	
CITY-ST-ZIP	POINT LOOKOUT NY 11569	
TITLE	VIP	<input type="checkbox"/> Delete
NAME	TRAGONE, PETER	
STREET ADDRESS	P.O. BOX 1040	
CITY-ST-ZIP	CAPTIVA FL 33924	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PACE, WILLIAM	
STREET ADDRESS	16037 SW 74TH PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FREEDMAN, JAMES	
STREET ADDRESS	PO BOX 757 NA	
CITY-ST-ZIP	CAPTIVA FL 33924	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	SCOTT, ELIZABETH	
STREET ADDRESS	7 OLD POND COURT	
CITY-ST-ZIP	WEST ISLIP NY 11795	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Merlino	
STREET ADDRESS	P.O. Box 238	
CITY-ST-ZIP	Hadley, NY 12835	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Sape	
STREET ADDRESS	903 Central Avenue	
CITY-ST-ZIP	Spring Lake Heights, NJ 07762	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Renee Brand	
STREET ADDRESS	9465 Beverly Road	
CITY-ST-ZIP	Sanibel, FL. 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *T. S. ...* 4/25/01 944-472-7506

CR2E037 (10/00)