

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 737815**

1. Entity Name

TENNIS VILLAS CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90055 007 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 194
ATTN: ASSN. MANAGMENT
CAPTIVA ISLAND FL 33924
USP.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

Zip

Country

Zip

Country

4. FEI Number **59-1898986**

Applied For

Not Applicable

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 \$61.259. 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 type="checkbox"/> Delete
NAME	SEPE, WILLIAM	
STREET ADDRESS	903 CENTRAL AVENUE	
CITY-ST-ZIP	SPRING LAKE NJ 07762	
TITLE	VP	<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	D	<input type="checkbox"/> Delete
NAME	BRAND, RENEE	
STREET ADDRESS	9465 BEVERLY ROAD	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, ELIZABETH	
STREET ADDRESS	7 OLD POND COURT	
CITY-ST-ZIP	WEST ISLIP NY 11795	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERLINS, ANTHONY	
STREET ADDRESS	P.O. BOX 238	
CITY-ST-ZIP	HADLEY NY 12835	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR ELIZABETH SCOTT	
STREET ADDRESS	POB 687	
CITY-ST-ZIP	CAPTIVA Island, FL 33924	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR EDWARD KORNDORFER	
STREET ADDRESS	8 HEWLETT AVE	
CITY-ST-ZIP	Point Lookout NY 11569	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

1-9-02 941-472-7508

CR2E037 (9/01)