


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90468 024 ****61.25

DOCUMENT # 737815 1. Entity Name TENNIS VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 194 ATTN: ASSN. MANAGMENT 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			
Zip	Country	Zip	Country		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEPE, WILLIAM 903 CENTRAL AVENUE SPRING LAKE, NJ 07762 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTULLO, ANTHONY 125 TWIN Falls Rd Berkley Hts, NJ 07922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAGONE, PETER P.O. BOX 1040 CAPTIVA, FL 33924 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAGONE, Peter PO BOX 1046 CAPTIVA, FL 33924 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PACE, WILLIAM 16037 SW 74TH PLACE MIAMI, FL 33157 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAND, RENEE 9465 BEVERLY ROAD SANIBEL, FL 33957 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCOTT, ELIZABETH P.O. BOX 687 CAPTIVA ISLAND, FL 33924 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOANDOEFER, EDWARD MR 8 HEWLETT AVE. POINT LOOKOUT, NY 11569 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Prescott, Pamela 615 Thoresa Dr Boulder Co 80303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 the empowered.					
SIGNATURE: <u>Peter R. Tragone V. President</u> 1-27-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					