


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90308 040 \*\*\*\*61.25

<b>DOCUMENT # 737815</b> 1. Entity Name <b>TENNIS VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-1898986</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SOUTH SEAS PLANTATION RESORT</b> <b>13000 CAPTIVA ROAD</b> <b>ATTN: ASSN. MGMT.</b> <b>CAPTIVA ISLAND, FL 33924</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SANTULLO, ANTHONY</b> <b>125 TWIN FALLS RD.</b> <b>BERKELEY HEIGHTS, NJ 07922</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>TRAGONE, PETER</b> <b>P.O. BOX 1046</b> <b>CAPTIVA, FL 33924</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>PAGE, WILLIAM</b> <b>16897 SW 74TH PLAGE 277 EAST KELLER CT</b> <b>MIAMI, FL 33167 HERMAN, FL 33442</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>BRAND, RENEE</b> <b>9465 BEVERLY ROAD</b> <b>SANIBEL, FL 33957</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete <b>SCOTT, ELIZABETH</b> <b>P.O. BOX 687</b> <b>CAPTIVA ISLAND, FL 33924</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PRESCOTT, PAMELA</b> <b>615 THORESA DR. 2035 CLIPPER DRIVE</b> <b>BOULDER, CO 80303 Lafayette, CO 80026</b>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SUAREZ, KENNETH</b> <b>13411 Coral Drive</b> <b>Ft Myers, FL 33908</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input 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 like empowered.					
<b>SIGNATURE:</b> <u>William Page</u> <b>William Page President 3/1/05</b> <b>352-746-4232</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					