


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90008 029 ****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			
Zip	Country	Zip	Country	4. FEI Number 59-1898986	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D PRESCOTT Pamela	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTULLO, ANTHONY		NAME	1665 Blue Bell Ave	
STREET ADDRESS	125 TWIN FALLS RD.		STREET ADDRESS	Boulder Co 80302	
CITY-ST-ZIP	BERKELEY HEIGHTS, NJ 07922		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D Kenneth Suarez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAGONE, PETER		NAME	13411 Coral Drive	
STREET ADDRESS	P.O. BOX 1046		STREET ADDRESS	Ft Myers, FL 33908	
CITY-ST-ZIP	CAPTIVA, FL 33924		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D Hofstedt, Joli	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACE, WILLIAM		NAME	904 Cypress Lane	
STREET ADDRESS	277 EAST KELLAR CT		STREET ADDRESS	Louisville Co 80027	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, RENEE		NAME		
STREET ADDRESS	9465 BEVERLY ROAD		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ELIZABETH		NAME		
STREET ADDRESS	P.O. BOX 687		STREET ADDRESS		
CITY-ST-ZIP	CAPTIVA ISLAND, FL 33924		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESCOTT, PAMELA		NAME		
STREET ADDRESS	2035 CLIPPER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE, CO 80026		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robert L. Suarez V. President</i> 3-14-06 034-471-7508 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					