

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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
ISLAND MANAGEMENT GROUP
P.O. BOX 100
SANIBEL, FL 33957 US

FILED

08 MAY 12 PM 1:24

REGISTRAR OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
711 TARPON BAY Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 100
Suite, Apt. #, etc.

City & State
SANIBEL, FL
Zip
33957
Country
USA

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SANIBEL, FL
Zip
33957
Country
USA

01172008 Chg-NP CR2E037 (12/06)

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
SOUTH SEAS PLANTATION RESORT
13000 CAPTIVA ROAD
ATTN: ASSN. MGMT.
CAPTIVA ISLAND, FL 33924

7. Name and Address of New Registered Agent
Name
STEVEN MACKESY
Street Address (P.O. Box Number is Not Acceptable)
711 TARPON BAY Rd
City
SANIBEL FL Zip Code
33957

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

Signature, typed (printed name of registered agent and agent not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/08

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PRESCOTT, PAMELA	
STREET ADDRESS	1665 BLUE BELL AVE	
CITY-ST-ZIP	BOULDER, CO 80302	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TRAGONE, PETER	
STREET ADDRESS	P.O. BOX 1046	
CITY-ST-ZIP	CAPTIVA, FL 33924	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PACE, WILLIAM	
STREET ADDRESS	277 EAST KELLAR CT	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUAREZ, KENNETH	
STREET ADDRESS	13411 CORAL DR	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOFSTEDT, JOLI	
STREET ADDRESS	904 CYPRESS LN	
CITY-ST-ZIP	LOUISVILLE, CO 80027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prescott, Pamela	
STREET ADDRESS	1665 Blue Bell Ave	
CITY-ST-ZIP	Boulder, Co. 80302	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Santull, Tony	
STREET ADDRESS	125 Twin Falls Rd	
CITY-ST-ZIP	Berkley Heights, NJ 07922	
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 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: *Peter L. Tragone* *4/1/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2394725020