

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737815

FILED
Apr 06, 2009
Secretary of State

Entity Name: TENNIS VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

711 TARPON BAY RD
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-1898986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: PRESCOTT, PAMELA
Address: 1665 BLUE BELL AVE
City-St-Zip: BOULDER, CO 80302

Title: VP () Delete
Name: TRAGONE, PETER
Address: P.O. BOX 1046
City-St-Zip: CAPTIVA, FL 33924

Title: PD () Delete
Name: PACE, WILLIAM
Address: 277 EAST KELLAR CT
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: SUAREZ, KENNETH
Address: 13411 CORAL DR
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: SANTULLE, TONY
Address: 125 TWIN FALLS RD
City-St-Zip: BERKELEY HEIGHTS, NJ 07922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: PRESCOTT, PAMELA
Address: 1665 BLUE BELL AVE
City-St-Zip: BOULDER, CO 80302

Title: SD (X) Change () Addition
Name: ROHN, DAVID
Address: P.O. BOX 321
City-St-Zip: CAPTIVA, FL 33924

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SUAREZ, KENNETH
Address: 13411 CORAL DR
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change () Addition
Name: SANTULLO, TONY
Address: 125 TWIN FALLS RD
City-St-Zip: BERKELEY HEIGHTS, NJ 07922

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM PACE

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date