FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

1995 MAY -1

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name: TENNIS LODGES #1 CONDOMINIUM ASSOCIATION, INC.

DOCUMENT # 745221 (2)

100001490851
-05/17/95--01054--018
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

Mailing Address: ~~5295 TOWN CENTER RD #200 BOCA RATON FL~~ Cheryl Hoste, PCAM, Distinctive Homes, 13857 Well Trace D-1, Wellington, FL 33414

Principal Place of Business: ~~5295 TOWN CENTER RD #200 BOCA RATON FL~~ Cheryl Hoste, PCAM, Distinctive Homes, 13857 Well Trace D-1, Wellington, FL 33414

If above ... incorrect, line through incorrect ... below.

3. Date Incorporated or Qualified: 12/12/1978	3a. Date of Last Report: 04/06/1993
4. FEI Number: 59-1877098	Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Mailing Address: 21 ~~403 S US Hwy 1~~ — Suite, Apt. #, etc.: 22 ~~FS-135~~ — City & State: 23 ~~Jupiter FL~~ — Zip: 24 ~~33477~~ — Country: 25 USA

2a. Principal Place of Business: 26 ~~403 S US Hwy 1~~ — Suite, Apt. #, etc.: 27 ~~FS-135~~ — City & State: 28 ~~Jupiter FL~~ — Zip: 29 ~~33477~~ — Country: 30 USA

9. Name and Address of Current Registered Agent

~~ISAACSON, WILLIAM R.~~
~~C/O LANG MANAGEMENT CO., INC.~~
~~5295 TOWN CENTER RD #200~~
~~BOCA RATON FL 33486~~

Cheryl Hoste, PCAM
Distinctive Homes
13857 Well Trace D-1
Wellington, FL 33414

10. Name and Address of New Registered Agent

81 Name: ~~Steve Knights~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~c/o Bristol Management Services, Inc~~
83 ~~403 S US Hwy 1, #FS-135~~
84 City: ~~Jupiter~~ ~~FL~~ 85 Zip Code: ~~33477~~

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: ~~[signature]~~ Cheryl Hoste DATE ~~7-22-94~~

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS 4-27-95	
11 TITLE	~~S/T/D~~ ✔	11 TITLE	D
12 NAME	STEVENS, ESTHER	12 NAME	
13 STREET ADDRESS	11863 WIMBLEDON CIR #532	13 STREET ADDRESS	
14 CITY-ST-ZIP	W. PALM BCH. FL	14 CITY-ST-ZIP	
21 TITLE	~~D~~	21 TITLE	P/D
22 NAME	~~GROSS, HOWARD~~	22 NAME	Puffer, Jim 102F ✔
23 STREET ADDRESS	11863 WIMBLEDON CIR ~~#430~~	23 STREET ADDRESS	
24 CITY-ST-ZIP	W PALM BCH FL	24 CITY-ST-ZIP	
31 TITLE	~~V/D~~	31 TITLE	D
32 NAME	~~DALY, RICHARD~~	32 NAME	~~[illegible]~~
33 STREET ADDRESS	~~227 PALMER HILL RD.~~	33 STREET ADDRESS	~~[illegible]~~ D
34 CITY-ST-ZIP	~~OLD GREENWICH CT~~	34 CITY-ST-ZIP	~~[illegible]~~
41 TITLE		41 TITLE	T/D
42 NAME		42 NAME	Abouzeid, Sandy ✔
43 STREET ADDRESS		43 STREET ADDRESS	11863 Wimbledon Circle, H102-A
44 CITY-ST-ZIP		44 CITY-ST-ZIP	West Palm Bch, FL 33414
51 TITLE		51 TITLE	TPW 5-1-95
52 NAME		52 NAME	~~[illegible]~~
53 STREET ADDRESS		53 STREET ADDRESS	~~[illegible]~~
54 CITY-ST-ZIP		54 CITY-ST-ZIP	~~[illegible]~~
61 TITLE		61 TITLE	VP/D
62 NAME		62 NAME	ROBERT SMITH
63 STREET ADDRESS		63 STREET ADDRESS	11863 Wimbledon #550
64 CITY-ST-ZIP		64 CITY-ST-ZIP	West Palm Bch FL 33414

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jim Puffer 4-27-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #