

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90012 028 \*\*\*\*61.25

**DOCUMENT # 750323**

1. Entity Name

TENNIS VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1295  
TITUSVILLE FL 32781-1295  
US

Mailing Address

P.O. BOX 1295  
TITUSVILLE FL 32781-1295  
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

59-2372525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.  
ATTN: MARLENE L KIRTLAND, ESQ  
2500 MAITLAND CTR PKWY, #209  
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 P ☒ Delete  
NAME OGDEN, KAREN  
STREET ADDRESS 1840 S PARK AVE.  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☒ Delete  
NAME BENTON, DIANA  
STREET ADDRESS 1832 S PARK AVE.  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE V ☐ Delete  
NAME MEYER, ELAINE  
STREET ADDRESS 1802 S PARK AVE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE T ☐ Delete  
NAME GLIDEWELL, DONNA  
STREET ADDRESS 1716 S PARK AVE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE S ☐ Delete  
NAME LANDFRIED, MARY  
STREET ADDRESS 1640 S PARK AVE.  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☐ Delete  
NAME LUSTER, CYNTHA  
STREET ADDRESS 1836 S PARK AVE  
CITY-ST-ZIP TITUSVILLE FL 32780

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition  
NAME CONNIE ALLEN  
STREET ADDRESS 1838 S. PARK AVE  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE VP ☐ Change ☒ Addition  
NAME LINDA BECKWITH  
STREET ADDRESS 1770 S. PARK AVE  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME NANCY RADIG  
STREET ADDRESS 1734 S. PARK AVE  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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: *Donna Glidewell* DONNA GLIDEWELL 3/1/06 321/269-1312