## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # 752173  1. Entity Name TENNIS VIEW CONDOMINIUM ASSOCIATION, INC.						03-10-2008 9	90073 008	****61.2	25	
Principal Plac 9415 SUNSE MIAMI, FL 3	ET DRIVE SUITE 149	Mailing Address 9415 SUNSET DRIVE MIAMI, FL 33173	SUNSET DRIVE SUITE 149			42319				
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2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	ling Address				IIII BLBU BIBU BLBU			
Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.	ite, Apt. #, etc.			Chg-NP	CR2E03	7 (12/06)		
City & State Cit		City & State	y & State			998		<del></del>	plied For	
Zip Country Zip		Zip	Country			of Status Desired		8.75 Add	itional	
·	6. Name and Address of Current	Registered Agent			7. Name and	Address of New			<u> </u>	
MELONI	EDOARDO			Name	· ·					
900 SW 40			Ţ		Street Address (P.O. Box Number is Not Acceptable)					
LOUITAII	ION, 1 E 33317									
				City			FL	Zip Code	9	
	named entity submits this statement fo	r the purpose of changing	its register	ed office or re	egistered agent, or bot	h, in the State of	Florida. I am fa	amiliar with,	and accept	
the obligat	tions of registered agent.	4			,					
SIGNATURE .										
	Signature, typed or printed name of registered agent i	and title it applicable. (N	iOTE: Registere	d Agent signature i	required when reinstating)		DATE			
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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 legat 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)630-3660