

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752173

FILED
Mar 10, 2009
Secretary of State

Entity Name: TENNIS VIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9415 SUNSET DRIVE SUITE 149
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

9415 SUNSET DRIVE SUITE 149
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-2139998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELONI, EDOARDO
900 SW 40TH AVE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

FEIN & MELONI PA
900 SW 40TH AVE
PLANTATION, FL 33317 US

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: FEIN & MELONI PA

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELLO, ABELARDO
Address: 9415 SUNSET DRIVE SUITE 149
City-St-Zip: MIAMI, FL 33173

Title: VD () Delete
Name: VEGA, ORLANDO
Address: 9415 SUNSET DRIVE SUITE 149
City-St-Zip: MIAMI, FL 33173

Title: TD () Delete
Name: RIVAS, JOSE A
Address: 9415 SUNSET DRIVE SUITE 149
City-St-Zip: MIAMI, FL 33173

Title: SD () Delete
Name: ROMERO, WALDINA
Address: 9415 SUNSET DRIVE SUITE . 149
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: PEREZ, JANET
Address: 9415 SUNSET DRIVE SUITE 149
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: MEDINA, RENE
Address: 9415 SUNSET DRIVE SUITE . 149
City-St-Zip: MIAMI, FL 33173

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

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: ABELARDO BELLO

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date