2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 755686

Entity Name: TOURNAMENT VILLAS CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

140 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

140 SOUTH COMMERCE AVENUE
P. O. BOX 587
SEBRING, FL 33870

New Mailing Address:

140 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

FEI Number: 59-2212879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLMES, JOHN P
5756 MATANZAS DRIVE
SEBRING, FL 33872 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:	PD	( ) Delete
Name:	HOLMES, JOHN P	
Address:	5756 MATANZAS DRIVE	
City-St-Zip:	SEBRING, FL 33872	
Title:	VPD	( ) Delete
Name:	MCNAMARA, FRANK	
Address:	951 EASTSIDE RD	
City-St-Zip:	CAMPTON, NH 03223	
Title:	SD	( ) Delete
Name:	CAMPBELL, NOLA	
Address:	5738 MATANZAS DRIVE	
City-St-Zip:	SEBRING, FL 33872	
Title:	TD	( ) Delete
Name:	PAGE, JACK	
Address:	6753 S INDIAN LAKE DRIVE	
City-St-Zip:	VICKSBURG, MI 49097	

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:	( ) 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: JOHN P. HOLMES PRES 04/07/2009

Electronic Signature of Signing Officer or Director — Date