

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000007348

1. Entity Name
TENNIS CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
753 CRANDON BLVD
KEY BISCAYNE, FL 33149

Mailing Address
753 CRANDON BLVD
KEY BISCAYNE, FL 33149



02162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2295965

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAINDER, STEVEN J
200 S BISCAYNE BLVD, STE 5000
MIAMI, FL 33131

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HINSON, JOHN A
STREET ADDRESS	753 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	DST
NAME	BLACKMAN, CHRISTOPHER J
STREET ADDRESS	753 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	ROBINSON, LARRY
STREET ADDRESS	753 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	PD
NAME	LEVINE, JERROLD
STREET ADDRESS	753 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/12/07-80029-024 61.25

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christopher Blackman . CHRISTOPHER BLACKMAN 2/28/07 305-361-6666