

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742229

Entity Name: TENNIS VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**625 SE CENTRAL PARKWAY
STUART, FL 34994**Current Mailing Address:**625 SE CENTRAL PARKWAY
STUART, FL 34994 US**FEI Number:** 59-1907801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAZMIER, TIMOTHY D
625 SE CENTRAL PARKWAY
STUART, FL 34994 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	SONNEBORN, DUANE
Address	554 NE PLANTATION ROAD UNIT 4808
City-State-Zip:	STUART FL 34996

Title	D
Name	POTTER, JAMES
Address	514 NE PLANTATION ROAD UNIT 4412
City-State-Zip:	STUART FL 34996

Title	DVP
Name	HOLMES, ROBERT
Address	504 NE PLANTATION ROAD UNIT 4304
City-State-Zip:	STUART FL 34996

Title	DT
Name	INGOLD, JACK
Address	504 NE PLANTATION ROAD UNIT 4303
City-State-Zip:	STUART FL 34996

Title	DS
Name	HELMER, HELEN JOANN
Address	5811 NE GULFSTREAM WAY UNIT 4005
City-State-Zip:	STUART FL 34996

Title	MANAGER
Name	KAZMIER, TIMOTHY D.
Address	625 SE CENTRAL PARKWAY
City-State-Zip:	STUART FL 34994

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY D. KAZMIER**MANAGER****01/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date