

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742229

Entity Name: TENNIS VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**1530 NE AMY AVENUE
JENSEN BEACH, FL 34957**Current Mailing Address:**1530 NE AMY AVENUE
JENSEN BEACH, FL 34957 US**FEI Number:** 59-1907801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAZMIER, TIMOTHY D.
1530 NE AMY AVENUE
JENSEN BEACH, FL 34957 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:** TIMOTHY D. KAZMIER

02/28/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, DIRECTOR
Name NUNN, MARY
Address 514 NE PLANTATION ROAD
City-State-Zip: STUART FL 34996

Title VP, DIRECTOR
Name TOLLEY, LISA
Address 544 NE PLANTATION ROAD
UNIT # 4705
City-State-Zip: STUART FL 34996

Title TREASURER, DIRECTOR
Name SUMPLE, GARY
Address 524 NE PLANTATION ROAD
UNIT #4505
City-State-Zip: STUART FL 34996

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

Title MANAGER
Name KAZMIER, TIMOTHY D.
Address 1530 NE AMY AVENUE
City-State-Zip: JENSEN BEACH FL 34957

Title PRESIDENT, DIRECTOR
Name MURAKOWSKI, COURTENEY
Address 494 NE PLANTATION ROAD
UNIT 4207
City-State-Zip: STUART FL 34996

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

02/28/2025

Electronic Signature of Signing Officer/Director Detail

Date