

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000009658 1. Entity Name THE MIAMI MAVERICKS TENNIS CLUB, INC.	
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Principal Place of Business 514 SANTANDER AVE #5 CORAL GABLES, FL 33134	Mailing Address P. O. BOX 140987 CORAL GABLES, FL 33114
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01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0814991	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AGUILAR, BAYARDO N JR CPA 8425 SW 81 TERRACE MIAMI, FL 33143

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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 _____ (NOTE: Registered Agent signature required when translating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOLENG, DENNIS 514 SANTANDER AVE #5 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUECK, ERICK 1510 SIENA AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FREED, JASON 13115 BISCAYNE BAY TERRACE NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RESENDE, IVAN 6910 MAIN STREET # 353 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCGRUFF, DAVID 14220 SW 79TH COURT MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/07-80021-022 61.25

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IN THIS SPACE**

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: <i>M. David McGriff</i>	M. DAVID MCGRUFF	1/17/06 305-431-2945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		