

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009149

FILED
Jan 06, 2004
Secretary of State

Entity Name: DELTONA TENNIS ASSOCIATION INC.

Current Principal Place of Business:

1143 WYCLIFFE ST.
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

1143 WYCLIFFE ST.
DELTONA, FL 32725

New Mailing Address:

FEI Number: 59-3710960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULDER, DENNIS E
1143 WYCLIFFE ST.
DELTONA, FL 32725

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: P () Delete
Name: MULDER, DENNIS E
Address: 1143 WYCLIFFE ST.
City-St-Zip: DELTONA, FL 32725

Title: VD () Delete
Name: MULDER, ANDREE
Address: 841 4TH AVE
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: CALDWELL, ADDISON
Address: 2851 PIKE LN
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: ZENT, SHIRLEY
Address: 1537 NORBERT TER
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: LOPES, JIM
Address: 1537 NORBERT. TER.
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: MULDER, HEATHER A
Address: 1143 WYCLIFFE ST.
City-St-Zip: DELTONA, FL 32725

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:

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 for the exemption stated in Section 119.07(3)(i), 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: DENNIS MULDER

PRES

01/06/2004

Electronic Signature of Signing Officer or Director

Date