

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009149

FILED
Mar 11, 2007
Secretary of State

Entity Name: DELTONA TENNIS ASSOCIATION INC.

Current Principal Place of Business:

P.O BOX 390024
DELTONA, FL 32739

New Principal Place of Business:

Current Mailing Address:

PO BOX 390024
DELTONA, FL 32739

New Mailing Address:

FEI Number: 59-3710960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BONAPARTE, PAT
2587 HILLVIEW CIR.
DELTONA, FL 32738 US

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: PRES () Delete
Name: BONAPARTE, PAT
Address: 2587 HILLVIEW CIR
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: KRINOCK, DANA
Address: 1200 E. HANCOCK DR
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: SPENCER, LYNN
Address: 981 TRELIS AVE
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: DENNARD, HELENE
Address: 1375 POLK AVE
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: CALDWELL, ADDISON
Address: 1199 PAGE CT
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: BONAPARTE, DELISA
Address: P.O BOX 390024
City-St-Zip: DELTONA, FL 32739

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HELISEK, DANA
Address: 1200 E. HANCOCK DR
City-St-Zip: DELTONA, FL 32725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CALDWELL, ADDISON
Address: 1199 N. PAGE CT
City-St-Zip: DELTONA, FL 32725

Title: D (X) Change () Addition
Name: BONAPARTE, DELISA
Address: 4406 MARTIN'S WAY; APT. B
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PAT BONAPARTE

PRES

03/11/2007

Electronic Signature of Signing Officer or Director

Date