


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90127 033 \*\*\*\*61.25

<b>DOCUMENT # N04000008095</b>					
1. Entity Name SENIOR TENNIS OF VOLUSIA, INC.					
Principal Place of Business PO BOX 291014 PORT ORANGE, FL 32129-1014			Mailing Address PO BOX 291014 PORT ORANGE, FL 32129-1014		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>41-2144271</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORGAN, BARBARA 4958 WEXFORD DR ROCKLEDGE, FL 32955			Name <b>MORGAN, BARBARA</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>3001 CAMBERLY CIRCLE</b>		
			City	State	Zip Code
<b>MELBOURNE</b>			<b>FL</b>		<b>32940</b>
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 <i>Barbara Morgan</i>				DATE <b>4-15-05</b>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete				
NAME	WONG, BARBARA	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1942 CRANE LAKES BLVD	NAME	WONG, BARBARA		
CITY-ST-ZIP	PORT ORANGE, FL 32128	STREET ADDRESS	2870 CAMBERLY CIRCLE		
		CITY-ST-ZIP	MELBOURNE, FL 32940		
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORGAN, BARBARA	NAME	MORGAN, BARBARA		
STREET ADDRESS	4958 WEXFORD DR	STREET ADDRESS	3001 CAMBERLY CIRCLE		
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	MELBOURNE, FL 32940		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	MCHENRY, RAYMOND	NAME			
STREET ADDRESS	1876 BIG CRANE LOOP	STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE, FL 32128	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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>[Signature]</i>				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>386-846-2146</b>	