


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90131 014 ****61.25

DOCUMENT # N04000008095
 1. Entity Name
 SENIOR TENNIS OF VOLUSIA, INC.



Principal Place of Business Mailing Address
 PO BOX 411153 PO BOX 411153
 MELBOURNE, FL 32941-1153 MELBOURNE, FL 32941-1153

40045413



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

02152007 Chg-NP CR2E037 (12/06)

4. FEI Number 41-2144271 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MORGAN, BARBARA
 3001 CAMBERLY CIRCLE
 MELBOURNE, FL 32940

7. Name and Address of New Registered Agent
 Name MORGAN, BARBARA
 Street Address (P.O. Box Number is Not Acceptable)
 1237 FERENGETI WAY
 City ROCKLEDGE FL Zip Code 32925

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 *Barbara Morgan* DATE 3-24-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2007. 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WONG, BARBARA	
STREET ADDRESS	2870 CAMBERLY CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORGAN, BARBARA	
STREET ADDRESS	3001 CAMBERLY CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCHENRY, RAYMOND	
STREET ADDRESS	1876 BIG CRANE LOOP	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1237 FERENGETI WAY	
STREET ADDRESS	ROCKLEDGE, FL 32925	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN MACAHERSON	
STREET ADDRESS	1407 HAMPTON PARK LANE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Susan MacAherson* BARBARA WONG PRESIDENT 3/24/07
Signature and typed or printed name of signing officer or director. Date Daytime Phone#