

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001763

FILED
Apr 26, 2007
Secretary of State

Entity Name: BAY AREA TENNIS, INC.

Current Principal Place of Business:

73 S. PALM AVE.
SUITE 215
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

73 S. PALM AVE.
SUITE 215
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 65-0405408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, KATE
5679 KUMQUAT AVENUE
NORTH PORT, FL 34286 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: PD () Delete
Name: MCMURRAY, DONALD
Address: 1303 LANDINGS DR.
City-St-Zip: SARASOTA, FL 34231

Title: VPD () Delete
Name: BANGOURA, SEKOU
Address: 1006 45TH STREET, E.
City-St-Zip: BRADENTON, FL 34208

Title: SD () Delete
Name: MCMURRAY, MEREDITH
Address: 1303 LANDINGS DR.
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: FOX, JENNIFER
Address: 6476 29TH STREET, N.
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: MORRISON, KATE
Address: 3680 ASTOR DR
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 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: DONALD A. MCMURRAY

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date