


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90327 045 ****61.25

DOCUMENT # N02000004338 1. Entity Name OUTBACK TENNIS ASSOCIATION, INC.					
Principal Place of Business 3900 BRAMBLEWOOD LANE TITUSVILLE, FL 32780			Mailing Address 3900 BRAMBLEWOOD LANE TITUSVILLE, FL 32780		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TATRO, TERRY A 4180 HICKORY HILL BLVD TITUSVILLE, FL 32780				Name BETH DELGADO Street Address (P.O. Box Number is Not Acceptable) 3665 HICKORY PARK DR TITUSVILLE, FL City FL Zip Code 32780	
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 BETH DELGADO		<i>Beth Delgado</i> Signature, typed or printed name of registered agent and title if applicable.		4/20/06 DATE (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TATRO, TERRY A	NAME			
STREET ADDRESS	3900 BRAMBLEWOOD LANE	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DELGADO, BETH	NAME	D LUIS DELGADO		
STREET ADDRESS	3665 HICKORY PARK DR	STREET ADDRESS	3665 HICKORY PARK DR		
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP	TITUSVILLE, FL 32780		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMITH, CHERYL	NAME	D HOLLY HARBOVE		
STREET ADDRESS	4115 FOX LAKE RD.	STREET ADDRESS	2480 RAVENWOOD DR		
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP	TITUSVILLE, FL 32780		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLLARD, MICHAEL D	NAME			
STREET ADDRESS	1956 KING RICHARD DR	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <i>Beth Delgado</i>		TREASURER 4/20/06 351-269-1312			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	