## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 709091**

Entity Name: UNITED STATES TENNIS ASSOCIATION-FLORIDA SECTION, INC.

## **Current Principal Place of Business:**

1 DEUCE COURT SUITE 100 DAYTONA BEACH, FL 32124

## **Current Mailing Address:**

1 DEUCE COURT SUITE 100 DAYTONA BEACH, FL 32124 US

## FEI Number: 23-7161642

## Name and Address of Current Registered Agent:

#### BOOTH, DOUG 1 DEUCE CT STE 100 DAYTONA BEACH, FL 32124 US

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

## **Officer/Director Detail :**

	Title	PAST PRESIDENT	Title	PRESIDENT-ELECT
	Name	PFAENDER, BOB	Name	HOLLIS, ROBERT
	Address	626 REGINA LANE	Address	1202 LAKE EBERT DRIVE, SE
	City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	WINTER HAVEN FL 33880
	Title	PRESIDENT	Title	VP
	Name	HOROWITZ, NANCY	Name	MACFARLAND, KAREN
	Address	11001 NW 18TH PLACE	Address	309 OAKS WILL COURT
	City-State-Zip:	PEMBROKE PINES FL 33026	City-State-Zip:	TALLAHASSEE FL 32312
	Title	SECRETARY	Title	VP
			Mama	GILL, CHUCK
	Name	FLORIO, TERRI	Name	GILL, CHOCK
	Name Address	FLORIO, TERRI 3699 SANCTUARY WAY SOUTH	Address	2211 ALFORD WAY
		,		2211 ALFORD WAY
	Address City-State-Zip:	3699 SANCTUARY WAY SOUTH JACKSONVILLE BEACH FL 32250	Address	2211 ALFORD WAY
	Address City-State-Zip: Title	3699 SANCTUARY WAY SOUTH JACKSONVILLE BEACH FL 32250 TREASURER	Address	2211 ALFORD WAY
	Address City-State-Zip:	3699 SANCTUARY WAY SOUTH JACKSONVILLE BEACH FL 32250	Address	2211 ALFORD WAY
	Address City-State-Zip: Title Name	3699 SANCTUARY WAY SOUTH JACKSONVILLE BEACH FL 32250 TREASURER HIGGS, CLARK 2316 CHAUCER STREET	Address	2211 ALFORD WAY

I hereby 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 all other like empowered.

SECRETARY

## SIGNATURE: TERRI FLORIO

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 14, 2015 Secretary of State CC8336481023

Certificate of Status Desired: Yes

Date