


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

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90011 038 \*\*\*\*61.25

DOCUMENT # <b>732360</b>	
1. Entity Name <b>Naples Tennis Det Soc, Inc</b> <b>5563 Rattlesnake Trl</b> <b>Naples, FL 34113</b>	

**DO NOT WRITE IN THIS SPACE**

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

**40105513**

CR2E037B (5/07)

4. FEI Number <b>592004987</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FEE IS \$61.25**  
**Initial or Amended AR**

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>ELLEN VIENI</b> <b>5563 Rattlesnake</b> <b>Naples, FL 34113</b>	<b>B9</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President</b> <b>Betty Hurst</b> <b>5563 Rattlesnake</b> <b>Naples, FL 34113</b>	<b>C12</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secy./Treasurer</b> <b>Mark Street</b> <b>5563 Rattlesnake</b> <b>Naples, FL 34113</b>	<b>C18</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>Kathleen Sharpe</b> <b>5563 Rattlesnake</b> <b>Naples, FL 34113</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>Duane Heffler</b> <b>5563 Rattlesnake</b> <b>Naples, FL 34113</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Ellen Vieni, ELLEN VIENI, President, 5.23.08 239-521.7461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #