2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738538

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: COURTSIDE TENNIS CLUB, INC.

Current Principal Place of Business:	New Principal Place of Business:
512 N ALIBLIAN DOAD	

12 N AUBURN ROAL VENICE, FL 342921600

Current Mailing Address: New Mailing Address:

512 N AUBURN ROAD VENICE, FL 342921600

FEI Number: 59-1745556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEMPSEY, JAMES G 512 N AUBURN RD VENICE, FL 34292 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD (X) Change () Addition () Delete

BEHNING, WILLIAM BEHNING, WILLIAM Name: Name: 4504 CERNALA CT Address: 4504 CERNALA CT Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293

Title: () Delete Title: () Change () Addition

Name: BERGMAN, RACE Name: Address: 509 MARSH CREEK ROAD Address: City-St-Zip: VENICE, FL 34292 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

HUNT, GEORGE Name: DIEZ, MARY ELLEN Name: 1323 PINE NEEDLE DR 1120 LARCHMONT DR Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: ENGLEWOOD, FL 34223

Title: () Delete Title: TD (X) Change () Addition

Name: DIEZ, MARY ELLEN Name: DUNBAR, DEL 1120 LARCHMONT DR 500 ESPLANADE N. #406 Address: Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: VENICE, FL 34285

Title: () Delete Title: () Change () Addition

VLONTIS, DICK Name: Name: 716 BIRD BAY DRIVE WEST Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip:

Title: () Delete Title: () Change () Addition

ALLEN, SANDY Name: Name: Address: 1680 MISSION VALLEY BLVD Address: LAUREL, FL 34272 City-St-Zip: 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: JAMES G. DEMPSEY RΑ 01/16/2009