

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90016 011 ****61.25

DOCUMENT # 742387

1. Entity Name

K. B. TENNIS ASSOCIATION, INC.



Principal Place of Business

6702 CRANDON BLVD.
KEY BISCAVNE FL 33149
US

Mailing Address

P.O. BOX 532
KEY BISCAVNE FL 33149

~4011840



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1980080

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDRA M. SHAPIRO
881 OCEAN DR. #27F
KEY BISCAVNE FL 33149

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Sandra M Shapiro

2/07/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 P
NAME BOUTHINSKY, ANDREW ☐ Delete
STREET ADDRESS 613 OCEAN DR.
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE P
NAME KAPLAN, ANDREW ☒ Delete
STREET ADDRESS 3248 VIRGINA ST.
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE S
NAME ZABILLACA, RITA ☐ Delete
STREET ADDRESS 245 WOODCREST RD.
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE
NAME SHAPIRO, SANDRA ☐ Delete
STREET ADDRESS 881 OCEAN DR. #27F
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE D
NAME BRASS, SIDNEX ☐ Delete
STREET ADDRESS 199 OCEAN LANE DR.
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE D
NAME BARON, ROBERT ☒ Delete
STREET ADDRESS 1111 CRANDON BLVD C-1107
CITY-ST-ZIP KEY BISCAVNE FL 33149

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE JAY SWINDELL VICE PRESIDENT ☒ Change ☒ Addition
NAME
STREET ADDRESS 774 FERNWOOD RD.
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEMBER ☐ Change ☒ Addition
NAME MS. MARGI EDMONDS
STREET ADDRESS 1232 MANATI AVE.
CITY-ST-ZIP CORAL GABLES, FL 33146

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 lines empowered.

SIGNATURE:

Sandra M Shapiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04 (305) 361-1261
Date Daytime Phone #