


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90094 050 \*\*\*\*61.25

<b>DOCUMENT # 742387</b> 1. Entity Name <b>K. B. TENNIS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6702 CRANDON BLVD.</b> <b>KEY BISCAYNE, FL 33149 US</b>			Mailing Address <b>P.O. BOX 532</b> <b>KEY BISCAYNE, FL 33149</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1980080</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JOHNSON, M.J.</b> <b>315 PALM WOOD LANE</b> <b>KEY BISCAYNE, FL 33149</b>			7. Name and Address of New Registered Agent Name <b>ANTJE AHLEMEYER</b> Street Address (P.O. Box Number is Not Acceptable) <b>450 Grape tree Dr. # 309</b> City <b>Key Biscayne</b> <b>FL</b> Zip Code <b>33149</b>		
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 <b>ANTJE AHLEMEYER</b> <i>Antje Ahlemeyer</i> <b>1/18/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MOSTER, JAMES</b> <b>230 W MCINTIRE ST</b> <b>KEY BISCAYNE, FL 33149</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WHITE, HELEN</b> <b>241 E. ENID DR.</b> <b>KEY BISCAYNE, FL 33149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WASSERSHERD, LARRY</b> <b>590 OCEAN DR</b> <b>KEY BISCAYNE, FL 33149</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Patricia Killgore</b> <b>370 Harbor Ct.</b> <b>Key Biscayne, FL 33149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KORNSE, LISA</b> <b>590 OCEAN DR</b> <b>KEY BISCAYNE, FL 33149</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mem</b> <b>Norman Shapiro</b> <b>881 Ocean Dr. # 27 F</b> <b>Key Biscayne, FL 33149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>WASSERSHEID, LARRY</b> <b>590 OCEAN DR</b> <b>KEY BISCAYNE, FL 33149</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer (T)</b> <b>ANTJE AHLEMEYER</b> <b>450 Grape tree Dr. # 309</b> <b>Key Biscayne, FL 33149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>SHAPIRO, SANDRA</b> <b>881 OCEAN DR 271</b> <b>KEY BISCAYNE, FL 33149</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mem</b> <b>Olga Robbin</b> <b>1119 Crandon Blvd. # A-503</b> <b>Key Biscayne, FL 33149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KORNSE, LISA</b> <b>590 OCEAN DR</b> <b>KEY BISCAYNE, FL 33149</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mem</b> <b>Rita Zubillaga</b> <b>462 Woodcrest Rd.</b> <b>Key Biscayne, FL 33149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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>Antje Ahlemeyer</i> <b>ANTJE AHLEMEYER(T)</b> <b>1/18/07</b> <b>305-361-1930</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					