2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742387

Apr 07, 2008 Secretary of State

Entity Name: K. B. TENNIS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6702 CRANDON BLVD.

KEY BISCAYNE, FL 33149 US

Current Mailing Address: New Mailing Address:

P.O. BOX 532

KEY BISCAYNE, FL 33149

FEI Number: 59-1980080 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:

AHLEMEYER, ANTJE 450 GRAPETREE DR #309

KEY BISCAYNE, FL 33149 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

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WHITE, HELEN WHITE, HELEN Name: Name:

241 E. ENIR DR. Address: 241 E. ENID DR. Address: KEY BISCAYNE, FL 33149

City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip:

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

KILLGORE, PATRICIA Name: ROSEN, FRANK Name:

Address: 370 HARBOR CT Address: 111 CRANDON BLVD. # A-402 City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

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

KORNSE, LISA ZUBILLAGA, RITA Name: Name: 462 WOODCREST RD Address: 590 OCEAN DR Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

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

Name: SHAPIRO, NORMAN Name: Address: 881 OCEAN DR #27F Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip:

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

AHLEMEYER, ANTJE Name: Name: 450 GRAPETREE DR #309 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip:

Title: MEM () Delete Title: (X) Change () Addition ZUBIKAPA, RITA DELCORRAL, CARLOS Name: Name:

Address: 462 WOODCREST RD Address: 1121 CRANDON BLVD. #D402 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 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: ANTJE AHLEMEYER Т 04/07/2008