2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# 742387

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

Current Principal Place of Business:

6702 CRANDON BLVD.
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 532
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1980080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AHLEMEYER, ANTJE
450 GRAPETREE DR
#309
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	WHITE, HELEN	
Address:	241 E. ENID DR.	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	VP	( ) Delete
Name:	ROSEN, FRANK	
Address:	111 CRANDON BLVD. # A-402	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	S	( ) Delete
Name:	ZUBILLAGA, RITA	
Address:	462 WOODCREST RD	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	MEM	( ) Delete
Name:	SHAPIRO, NORMAN	
Address:	881 OCEAN DR #27F	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	T	( ) Delete
Name:	AHLEMEYER, ANTJE	
Address:	450 GRAPETREE DR #309	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	MEM	( ) Delete
Name:	DELCORRAL, CARLOS	
Address:	1121 CRANDON BLVD. #D402	
City-St-Zip:	KEY BISCAYNE, FL 33149	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	ROSEN, FRANK	
Address:	5525 SW 41ST ST. APT.125	
City-St-Zip:	PEMBROKE PARK, FL 33023	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
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 T 01/10/2009

Electronic Signature of Signing Officer or Director — Date