



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # J95404			
1. Entity Name SOUTH OLIVE TENNIS CENTER, INC.			
Principal Place of Business 1302 PARKER AVE WEST PALM BCH., FL 33401 US		Mailing Address 1302 PARKER AVE. WEST PALM BCH., FL 33401 US	
DO NOT WRITE IN THIS SPACE			
		 03162008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2845684	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOONE, MIKE 1681 WALDEN LANE WEST PALM BEACH, FL 33406		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	BOONE, MIKE		
STREET ADDRESS	1681 WALDEN LANE		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE			
NAME			
STREET ADDRESS			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 607, 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: <u>Michael A. Boone</u>		3/14/08 561-833-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	