


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L97325
 1. Entity Name
GRAND ISLAND TENNIS CLUB, INC.



Principal Place of Business Mailing Address
720 NORTH BAY STREET **720 NORTH BAY STREET**
EUSTIS FL 32726 **EUSTIS FL 32726**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc Suite, Apt #, etc.

City & State City & State
 Zip Zip Country Country



6. Name and Address of Current Registered Agent
IKELER, GEORGE R.
720 NORTH BAY STREET
EUSTIS, F; FL 32726

4. FEI Number **59-3033771** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	IKELER, KATHERINE
STREET ADDRESS	720 NORTH BAY STREET
CITY-ST-ZIP	EUSTIS FL
TITLE	P <input type="checkbox"/> Delete
NAME	DASCHER, MARGARET
STREET ADDRESS	720 NORTH BAY STREET
CITY-ST-ZIP	EUSTIS FL
TITLE	T <input type="checkbox"/> Delete
NAME	IKELER, GEORGE
STREET ADDRESS	720 NORTH BAY STREET
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	D <input type="checkbox"/> Delete
NAME	DASCHER, PHIL
STREET ADDRESS	720 NORTH BAY STREET
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000021814
STREET ADDRESS	01/30/04-80020-005 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #