2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N00000000599

Entity Name: CHARLOTTE COUNTY COMMUNITY TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

306 E. OLYMPIA AVE.,P.O. BOX 510400
PUNTA GORDA, FL 339510400

New Principal Place of Business:

Current Mailing Address:

306 E. OLYMPIA AVE.,P.O. BOX 510400
PUNTA GORDA, FL 339510400

New Mailing Address:

FEI Number: 65-1010699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROONEY, J. MICHAEL ESQ.
306 E. OLYMPIA AVE.
PUNTA GORDA, FL 33950 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: PRES ( ) Delete
Name: DAVIS, DONN
Address: 2128 CALCUTTA RD
City-St-Zip: PUNTA GORDA, FL 33983

Title: SEC ( ) Delete
Name: ELAINE, PAPPAS
Address: 604 BRINDISI COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: ED ( ) Delete
Name: BESSIRE, SUSIE
Address: 2498 CELEBES COURT
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TREA ( ) Delete
Name: MCQUEEN, SHARON
Address: P.O. BOX 510837
City-St-Zip: PUNTA GORDA, FL 339510837

Title: D ( ) Delete
Name: TAYLOR, KATHY
Address: 1001 WEST MARION AVE,,#4
City-St-Zip: PUNTA GORDA, FL 66950

Title: D ( ) Delete
Name: ART, ANDERSSON
Address: 3817 ST GIRONS DR
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: SUSIE BESSIRE ED 04/27/2006

Electronic Signature of Signing Officer or Director — Date