# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 06, 2009**
**Secretary of State**

DOCUMENT# N01000005827

**Entity Name:** SPACE COAST TENNIS ASSOCIATION, INC.

**Current Principal Place of Business:**

530 THOMAS BARBOUR DR.
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

530 THOMAS BARBOUR DR.
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number: 59-3738103** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DICKENS, MIKE
530 THOMAS BARBOUR DR.
MELBOURNE, FL 32935 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: DICKENS, MIKE
Address: 530 THOMAS BARBOUR DR.
City-St-Zip: MELBOURNE, FL 32935

Title: V ( ) Delete
Name: SCHIAVONE, LORI
Address: 440 KALE STREET
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T ( ) Delete
Name: MAZZONI, RAY
Address: 400 ANDREWS DR.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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: S ( ) Change (X) Addition
Name: MILLER, CAROL
Address: 309 NIKOMAS WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SA ( ) Change (X) Addition
Name: MAVIS, CHRIS
Address: 133 STONY POINT DR
City-St-Zip: SEBASTIAN, FL 32958

Title: BOD ( ) Change (X) Addition
Name: MILLER, BILL
Address: 309 NIKOMAS WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

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: MIKE DICKENS P 01/06/2009
Electronic Signature of Signing Officer or Director — Date