

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 21, 2010**  
**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  
Name: DICKENS, MIKE  
Address: 530 THOMAS BARBOUR DR.  
City-St-Zip: MELBOURNE, FL 32935

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

Title: T  
Name: OLEY, STAN  
Address: 4711 CHARDONNAY DR.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S  
Name: MILLER, CAROL  
Address: 309 NIKOMAS WAY  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SA  
Name: BRAY, DAWN  
Address: 218 OSAGE DR.  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

I hereby 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 all other like empowered.

SIGNATURE: MIKE DICKENS

PRES

10/21/2010

Electronic Signature of Signing Officer or Director

Date