2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# N01000008396

Entity Name: POLK COUNTY TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

1000 E. EDGEWOOD DR.
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

1000 E. EDGEWOOD DR.
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 01-0631767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEERMAN, DAVE
1000 E. EDGEWOOD DR.
LAKELAND, FL 33803

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:	D	( ) Delete
Name:	SMITH, MATT	
Address:	202 WILEY DR.	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	D	( ) Delete
Name:	HOLLIS, ROBERT	
Address:	929 LAKE HOLLINGSWORTH DR.	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) Delete
Name:	MCCARDLE, JEFF	
Address:	1099 CLUBHOUSE RD.	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	D	( ) Delete
Name:	WARNEKE, TOMM	
Address:	1600 GRASSLANDS BLVD.	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) Delete
Name:	COLLIER, CHUCK	
Address:	6 COUNTRY CLUB LN.	
City-St-Zip:	MULBERRY, FL 33860	
Title:	D	( ) Delete
Name:	BEERMAN, DAVE	
Address:	1000 E. EDGEWOOD DR.	
City-St-Zip:	LAKELAND, FL 33803	

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 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 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: DAVE BEERMAN TRS 04/06/2004

Electronic Signature of Signing Officer or Director — Date