FILED
Sep 08, 2004 8:00 am
Secretary of State
08-23-2004 90016 016 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004545

1. Entity Name
GULF BREEZE TENNIS ASSOCIATION, INC.

66433157

Principal Place of Business	Mailing Address
POST OFFICE BOX 1054 GULF BREEZE, FL 32562	POST OFFICE BOX 1054 GULF BREEZE, FL 32562

07222004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: PO Box 521	Suite, Apt. #, etc.: PO Box 521
City & State: Gulf Breeze FL	City & State: Gulf Breeze FL
Zip: 32562 Country: USA	Zip: 32562 Country: USA

4. FEI Number: 56-2363842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREMNER, KIMBERLY
203 FLORIDA AVENUE
GULF BREEZE, FL 32561

7. Name and Address of New Registered Agent

Name: LINDA TIBBITS
Street Address (P.O. Box Number is Not Acceptable): 2946 CORAL STRIP PKWY
City: Gulf Breeze FL Zip Code: 32563

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: Linda Tibbits LINDA TIBBITS 8/19/04
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THREADGILL, RON 4497 WHISPER DRIVE PENSACOLA, FL 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEMOTTS, BRUCE 827 BAY CLIFFS GULF BREEZE, FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BREMNER, KIMBERLY 203 FLORIDA AVENUE GULF BREEZE, FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LINDA TIBBITS 2946 CORAL STRIP PKWY GULF BREEZE FL 32563	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MINDY BAILEY 304 Dolphin St Gulf Breeze FL 32561	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: Linda Tibbits 9/2/04 8509345937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

07/22/04 11:14A P.002