

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90063 013 ****61.25

DOCUMENT # N03000004545

1. Entity Name

GULF BREEZE TENNIS ASSOCIATION, INC.



Principal Place of Business

POST OFFICE BOX 521
GULF BREEZE FL 32562

Mailing Address

POST OFFICE BOX 521
GULF BREEZE FL 32562

60066000



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

TIBBITS, LINDA
2946 CORAL STRIP PKWY
GULF BREEZE FL 32563

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME THREADGILL, RON
STREET ADDRESS 4497 WHISPER DRIVE
CITY-ST-ZIP PENSACOLA FL 32504

TITLE VD ☐ Delete
NAME DEMOTTS, BRUCE
STREET ADDRESS 827 BAY CLIFFS
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE TD ☐ Delete
NAME TIBBITS, LINDA
STREET ADDRESS 2946 CORAL STRIP PKWY
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE SD ☐ Delete
NAME BAILEY, MINDY
STREET ADDRESS 304 DOLPHIN ST
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME DAMON O'DONNELL
STREET ADDRESS 4702 Bay Breeze
CITY-ST-ZIP Gulf Breeze FL 32563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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* LINDA TIBBITS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/05 850 934 5937