

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90391 047 \*\*\*\*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

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052006

Chg-NP

CR2E037 (11/05)

**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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** PD ☐ Delete  
**NAME** O'DONNELL, DAMON  
**STREET ADDRESS** 4702 BAY BREEZE  
**CITY-ST-ZIP** GULF BREEZE, FL 32563

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

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

**TITLE** VD ☐ Change ☒ Addition  
**NAME** Chandler, James R  
**STREET ADDRESS** 1049 Woodlone Circle  
**CITY-ST-ZIP** Gulf Breeze FL 32566

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

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

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

**TITLE** SD ☐ Change ☒ Addition  
**NAME** Rhodes, MARITA  
**STREET ADDRESS** 1100 Shoreline #110  
**CITY-ST-ZIP** Gulf Breeze FL 32561

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**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 exemptions contained 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 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** **3/5/06** **850 934 5937**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #