
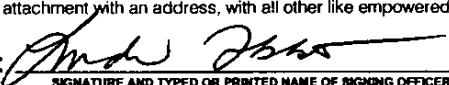


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90155 040 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="text-align: right;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD O'DONNELL, DAMON 4702 BAY BREEZE GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK MILLER 1556 OAK SHORE DR GULF BREEZE FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHANDLER, JAMES R 1048 WOODLORE CIR GULF BREEZE, FL 32566		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIBBITS, LINDA 2946 CORAL STRIP PKWY GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RHODES, MARITA 1100 SHORELINE #110 GULF BREEZE, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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: 			4/16/07 850 9345937		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		