## **FILED** 2008 8:00 am ary of State 90034 025 \*\*\*\*61.25

ANNUA	L REPORT		Apr 09, 1 Secreta
DOCUMENT # N030000  1. Entity Name GULF BREEZE TENNIS ASSOCIA			04-09-2008
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 # 2944 CORAL STRIP PICOT Suite Ant # etc	3. Mailing Address 3946 CORAL ST	RIP PRWY	

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Principal Place of Business POST OFFICE BOX 521 GULF BREEZE, FL 32562  Mailing Address POST OFFICE BOX 521 GULF BREEZE, FL 32562  GULF BREEZE, FL 32562								a rearrant en	20/22 (111) <b>22</b> (1) 22(1	n Carn Cein Cein	. <b>3/85) 6</b> 1(1) <b>6/8</b> 5) 8	HYDN OLIVEN
2 Principal Place of Business - No P.O. Box #  3. Mailing Address  3. Mailing Address  3. Mailing Address  3. Mailing Address					PR.	wy						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04022008	Chg-NP	CR2E	(12/06)		
City & State Gulf Brecce F				Gulf Breeze F				4. FEI Numbe 56-2363			N	pplied For ot Applicable
<sup>Zp</sup> 32563		Country SANTA ROSA	- 325	63	SAM	A Ros	in-		of Status Desire		\$8.75 Ad Fee Require	ditional ad
6. Name and Address of Current Registered Agent						Name		/. Name and	Address of Ne	w kegistere	a Agent	
TIBBITS, LINDA 2946 CORAL STRIP PKWY						ddress (F	P.O. Box Numbe	er is Not Accept	table)			
GULF BRE	EEZE, FL	32563										
						City				F	Zip Coo	te
	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												
	_	e is \$61.25 May 1, 2008		9. Election Car Trust Fund (			0	\$5.00 May B	e		ock payable t artment of S	
10.	_	lay 1, 2008	DIRECTORS		Contribut			Added to Fees		Florida Dep	artment of S	tate
10.	_	•	DIRECTORS	Trust Fund (		ion.				Florida Dep	DIRECTORS II	itate N 10
	Due by k	Aay 1, 2008 OFFICERS AND	DIRECTORS		Contribut	ion.		Added to Fees		Florida Dep	artment of S	tate
TITLE NAME STREET ADDRESS	PD MILLER, I	OFFICERS AND FRANK SHORE DR	DIRECTORS	Trust Fund (	11. ITTLE NAM STRE	E E EET ADORESS		Added to Fees		Florida Dep	DIRECTORS II	itate N 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MILLER, I 1556 OAH GULF BR VD CHANDLI 1048 WO	FRANK  SHORE DR  EEZE, FL 32563  ER, JAMES R  ODLORE CIR	DIRECTORS	Trust Fund (	11. TITU NAM STRE CITY TITU NAM STRE	E E EET ADORESS -S1-ZIP	7	Added to Fees	ANGES TÓ OFF	Florida Dep	DIRECTORS II	N 10 Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA TIBBITS