

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009149

FILED  
Sep 29, 2009  
Secretary of State

Entity Name: DELTONA TENNIS ASSOCIATION INC.

## Current Principal Place of Business:

764 SHAFTON AVENUE  
DELTONA, FL 32738

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 391162  
DELTONA, FL 32739

## New Mailing Address:

FEI Number: 59-3710960      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

CROSS, CHARLES PRES  
764 SHAFTON AVENUE  
DELTONA, FL 32738      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: CHARLES CROSS

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: CROSS, CHARLES PRES  
Address: 764 SHAFTON AVE  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: HELISEK, DANA  
Address: 1200 E. HANCOCK DR  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: SPENCER, LYNN  
Address: 981 TRELIS AVE  
City-St-Zip: DELTONA, FL 32738

Title: D (X) Delete  
Name: DENNARD, HELENE  
Address: 1375 POLK AVE  
City-St-Zip: DELTONA, FL 32738

Title: D (X) Delete  
Name: CALDWELL, ADDISON  
Address: 1199 N. PAGE CT  
City-St-Zip: DELTONA, FL 32725

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KLEIN, GINGER  
Address: 1439 MONTECITO AVE  
City-St-Zip: DELTONA, FL 32738

Title: D (X) Change ( ) Addition  
Name: HERZBERG, HEIDI  
Address: 764 SHAFTON AVE  
City-St-Zip: DELTONA, FL 32738

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES CROSS

PRES

09/29/2009

Electronic Signature of Signing Officer or Director

Date