

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90074 027 ****61.25

DOCUMENT # N04000000161 1. Entity Name FLORIDA TENNIS CENTER FOUNDATION, INC.					
Principal Place of Business FLORIDA TENNIS CENTER ONE DEUCE CT DAYTONA BEACH, FL 32124			Mailing Address FLORIDA TENNIS CENTER ONE DEUCE CT DAYTONA BEACH, FL 32124		
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 90-0133883	
				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		
BROWN, DAVID FLORIDA TENNIS CENTER ONE DEUCE CT DAYTONA BEACH, FL 32124			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GALLOWAY, LIBBA		NAME		
STREET ADDRESS	136 HERITAGE CIR		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	VALENTINE, PADDI		NAME		
STREET ADDRESS	1 RIVER RIDGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PONIATOWSKI, BILL SR.		NAME		
STREET ADDRESS	729 LOOMIS AVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	KREMAR, MIKE		NAME	Krcmar, mike	
STREET ADDRESS	1510 RIDGEWOOD AVE.		STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL, FL 32117		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	D Gary moother +	
STREET ADDRESS			STREET ADDRESS	1530 Cornerstone Blvd, Suite 100	
CITY-ST-ZIP			CITY-ST-ZIP	Daytona Beach, FL 32120	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Julie Claude SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/14/2005 Date		386-439-5431 Daytime Phone #

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4. FBI Number	Applied For
90-0133883	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

BROWN, DAVID
FLORIDA TENNIS CENTER
ONE DEUCE CT
DAYTONA BEACH, FL 32124

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 respondent: _____

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary Director	☐ Other
NAME	Dave Brown	
STREET ADDRESS	1 Duane Ct, Suite 200	
CITY - ST - ZIP	Daytona Beach, FL 32124	

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

TITLE	VPTD	☐ Online
NAME	MIKE McCauley	
STREET ADDRESS	413 Palm Dr	
CITY - ST - ZIP	Flagler Beach FL 32136	

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

TITLE	President / Director	☐ Delegate
NAME	Bob D. Allen	
STREET ADDRESS	120 Centennial Park Dr	
CITY-ST-ZIP	Daurtona Beach FL 32124	

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

TITLE	Director	☐ Deleted
NAME	Lynne Parfitt	
STREET ADDRESS	108 E. Orange Ave.	
CITY - ST - ZIP	Antony Beach FL 32114	

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

TITLE	Director	☐ District
NAME	Thomas C. Kelly	
STREET ADDRESS	89 S Atlantic Ave #1004	
CITY-ST-ZIP	Ormond Beach FL 32176	

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

TITLE	Treasurer Director	☐ Delete
NAME	Julie Clavelle	
STREET ADDRESS	132 Ocean Palm Dr	
CITY-ST-ZIP	Flagler Beach FL 32136	

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)(f), 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 embowers.

SIGNATURE:

Anna Charles Julie Claude

2/14/2005 386-439-5431

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

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Discharge Sheet