## 2006 NOT-FOR-PROFIT CORPORATION

## Feb 07, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N0400000161 02-07-2006 90020 016 \*\*\*\*61.25 FLORIDA TENNIS CENTER FOUNDATION, INC. Principal Place of Business Mailing Address FLORIDA TENNIS CENTER FLORIDA TENNIS CENTER ONE DEUCE CT ONE DEUCE CT 40009761 DAYTONA BEACH, FL 32124 DAYTONA BEACH, FL 32124 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Number 90-0133883 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, DAVID Street Address (P.O. Box Number is Not Acceptable) FLORIDA TENNIS CENTER ONE DEUCE CT DAYTONA BEACH, FL 32124 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE D ☐ Delete TITLE ☐ Change Addition GALLOWAY, LIBBA NAME NAME 136 HERITAGE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MOOTHART, GARY NAME NAME 1530 CORNERSTONE BLVD, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32120 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition PONIATOWSKI, BILL SR. NAME 729 LOOMIS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition KREMAR, MIKE NAME 1510 RIDGEWOOD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLY HILL, FL 32117 CITY-ST-ZIP ☐ Delete TITLE TITLE Kellie Cofer 140 South Atlantic Ave Suite 300 NAME NAME STREET ADDRESS STREET ADDRESS ormand Bauch, F1 32176 CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

■ Addition

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

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NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0400000161  1. Entity Name FLORIDA TENNIS CENTER FOUNDATION, INC.					ATTACHMENT Pazofz				
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			.40009761				
2. Principal Place of Business		3. Mailing Address						النسس	
Suite, Apt. #, etc.	Suit	e, Apt. #, etc.			01242006 Ct	ng-NP CR2E	E037 (11/05)		
City & State		& State			4. FEI Number   Applied For   90-0133883   Not Applicab			t Applicable	
Zip Country	Zip			ntry	5. Certificate of Status Desired  Fee Required				
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
BROWN, DAVID FLORIDA TENNIS CENTER ONE DEUCE CT			ļ	Street Address (P.O. Box Number is Not Acceptable)					
DAYTONA BEACH, FL 32124			ĺ			·			
				City FL Zip			Zip Code	3	
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 9. Election Camp.  Due by May 1, 2006 Trust Fund Cor					\$5.00 May Be Added to Fees		eck payable to partment of St		
107 22 102 1001	RS AND DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10 Addition	
NAME DEVO Brown			TITLE NAME	1			L. Change	L. Addition	
STREET ADDRESS I Revie Ct, Suite 200 CITY-ST-ZIP Daytonu Beach, F1 32124				ET ADDRESS - ST-ZIP				ļ	
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MAKE Mc Caule	wike we caused			E					
STREET ADDRESS 413 Palm Dr CITY-ST-ZIP Flegion Beach, F) 32136				ET ADDRESS - ST-ZIP					
TITLE President Director Delete			TITLE		· Change Addition				
NAME BOD D. Allen				E ET ADDRESS					
CITY-ST-ZIP Pauton a Brach F1 32124				-ST-ZIP					
TITLE DIFFE FOR	Director Delete						Change	Addition	
STREET ADDRESS IN Q E OF angle	ADDRESS 108 E Orange AVE			ET ADDRESS					
			СПУ	-ST-ZIP				<del>  </del>	
TITLE Director				E	☐ Change ☐ Addition				
STREET ADDRESS KO S OFTUN TIC AND # 1004			- 1	ET ADDRESS					
				-ST-ZIP					
NAME TO LIE CLUICE				E IÉ			Change	☐ Addition	
STREET ADDRESS 7232 Ocean Rulm Or ST				EET ADORESS					
CITY-ST-ZIP Flagon Bour	upplied with this filling	does not qualify fo	or the ext	-st-zip	d in Chapter 119. Flo	orida Statutes, I further	certify that the in	oformation	
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: June Claude Tulie Claude 2/1/2006 386439-5431									