

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90011 046 ****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

0027579



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007 - Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
90-0133883

Applied For
Not Applicable

Zip

Country

Zip

Country

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GALLOWAY, LIBBA
136 HERITAGE CIR
ORMOND BEACH, FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Beverly Flanagan
1510 N. Ridgewood Ave
Holly Hill, FL 32117 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MOOTHART, GARY
1530 CORNERSTONE BLVD, SUITE 100
DAYTONA BEACH, FL 32120 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Cathy Levering
100 International Golf Dr
Daytona Beach, FL 32124 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PONIATOWSKI, BILL SR.
729 LOOMIS AVE
DAYTONA BEACH, FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Bruce Cotton
108 Centennial Park Dr
Daytona Beach, FL 32124 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KREMAR, MIKE
1510 RIDGEWOOD AVE.
HOLLY HILL, FL 32117 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Jim Vidamour
6148 Shoreline Dr
Port Orange, FL 32127 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Patricia Lagoni
131 Muirfield Dr
Daytona Beach, FL 32114 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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:

Julie Claude

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2007 386-439-5431

Date


Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

Page 2 of 2

40027579

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 90-0133883			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	
Marked for removal to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D/Secretary <input type="checkbox"/> Delete				
NAME	Dave Brown				
STREET ADDRESS	1 Deuce Ct, Suite 200				
CITY-ST-ZIP	Daytona Beach, FL 32124				
TITLE	D <input type="checkbox"/> Delete				
NAME	Mike McCauley				
STREET ADDRESS	413 Palm Dr				
CITY-ST-ZIP	Flagler Beach, FL 32136				
TITLE	D/President <input type="checkbox"/> Delete				
NAME	Bob Allen				
STREET ADDRESS	120 Centennial Park Dr				
CITY-ST-ZIP	Daytona Beach, FL 32124				
TITLE	D <input type="checkbox"/> Delete				
NAME	Lynne Porfitt				
STREET ADDRESS	108 E. Orange Ave				
CITY-ST-ZIP	Daytona Beach, FL 32114				
TITLE	D <input type="checkbox"/> Delete				
NAME	Thomas C. Kelly				
STREET ADDRESS	89 S Atlantic Ave #1004				
CITY-ST-ZIP	Ormond Beach, FL 32176				
TITLE	Treasurer / Director <input type="checkbox"/> Delete				
NAME	Julie Claude				
STREET ADDRESS	232 Ocean Palm Pr				
CITY-ST-ZIP	Flagler Beach, FL 32136				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: Julie Claude 2/27/2007 386-439-5431					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					