2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N04000008013

Entity Name: GAINESVILLE AREA COMMUNITY TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

6915 NW 49TH ST.
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

6915 NW 49TH ST.
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 54-2158508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHURTLEFF, CHRISTINE
6915 NW 49TH ST.
GAINESVILLE, FL 32653 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHURTLEFF, CHRISTINE
Address: 6915 N.W. 49TH STREET
City-St-Zip: GAINESVILLE, FL 32653 US

Title: VP ( ) Delete
Name: GREEN, LINDA
Address: 8511 NW 35TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: S ( ) Delete
Name: SMITH, BENJAMIN W
Address: 404 NE SECOND AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: T ( ) Delete
Name: JONES, CHANDLER
Address: 2531 N.W. 41ST STREET, BLDG. E
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BENJAMIN W SMITH S 03/21/2009

Electronic Signature of Signing Officer or Director — Date