


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04853</b> 1. Entity Name JUSTAMERE TENNIS ASSOCIATION, INC.	
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Principal Place of Business 38357 C. R. 54 EAST ZEPHYRHILLS, FL 33540	Mailing Address 38357 C. R. 54 EAST ZEPHYRHILLS, FL 33540
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**DO NOT WRITE IN THIS SPACE**



02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3147596	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

BLESSING, BRANT  
38357 C. R. 54 EAST  
ZEPHYRHILLS, FL 34248

**DO NOT WRITE  
IN THIS SPACE**

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)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000075666 03/03/04-80069-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLEY, DAVID 11956 JUSTAMERE LANE DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, DAVID 11940 JUSTAMERE LANE DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, DAN 35400 JUSTAMERE LANE DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TINGLEY, MARGE 11830 JUSTAMERE LANE DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLESSING, L. BRANT 38357 C.R. 54 E ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TOM 11 JUSTAMERE LANE DADE CITY, FL

**DO NOT WRITE  
IN THIS SPACE**

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:** *Margie L. Tingley* **02/25/2004 352-588-2250**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #