2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# N04853

Entity Name: JUSTAMERE TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

38357 C. R. 54 EAST
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

38357 C. R. 54 EAST
ZEPHYRHILLS, FL 33540

New Mailing Address:

FEI Number: 59-3147596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLESSING, BRANT
38357 C. R. 54 EAST
ZEPHYRHILLS, FL 34248 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:	D	( ) Delete
Name:	WILLEY, DAVID	
Address:	11956 JUSTAMERE LANE	
City-St-Zip:	DADE CITY, FL	
Title:	D	( ) Delete
Name:	FRIEDMAN, DAVID,	
Address:	11940 JUSTAMERE LANE	
City-St-Zip:	DADE CITY, FL	
Title:	D	( ) Delete
Name:	REID, DAN	
Address:	35400 JUSTAMERE LANE	
City-St-Zip:	DADE CITY, FL	
Title:	V	( ) Delete
Name:	TINGLEY, MARGE,	
Address:	11830 JUSTAMERE LANE	
City-St-Zip:	DADE CITY, FL	
Title:	PD	( ) Delete
Name:	BLESSING, L. BRANT,	
Address:	38357 C.R. 54 E	
City-St-Zip:	ZEPHYRHILLS, FL	
Title:	D	( ) Delete
Name:	SMITH, TOM,	
Address:	11 JUSTAMERE LANE	
City-St-Zip:	DADE CITY, FL	

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:	
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 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: MARGIE TINGLEY P 01/27/2006

Electronic Signature of Signing Officer or Director — Date