

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90039 044 \*\*\*\*61.25

<b>DOCUMENT # N07000005160</b> 1. Entity Name <b>HILLSBOROUGH COUNTY TENNIS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1019 SWEET BREEZE DRIVE VALRICO, FL 33594</b>			Mailing Address <b>1019 SWEET BREEZE DRIVE VALRICO, FL 33594</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 1857</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Valrico, FL</b>			
Zip	Country	Zip <b>33594</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>BELMUDEZ, SHARON A 1019 SWEET BREEZE DRIVE VALRICO, FL 33594</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WILLIAMS, DON 5836 HERONVIEW CRESCENT DR. LITHIA, FL 33547</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Sharon Belmudez 1019 Sweet Breeze Dr. Valrico FL 33594</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>VP SEEVERS, LYNN 16143 BRIDGE PARK DR. LITHIA, FL 33547</b>		<input checked="" type="checkbox"/> Delete		<b>VP VARYSHE PHR 10 3422 S. BEACH DRIVE TAMPA, FL 33629</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>SEC SANTO, JULIE 2806 FREELAND DRIVE VALRICO, FL 33594</b>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>TRES BELMUDEZ, SHARON A 1019 SWEET BREEZE DRIVE VALRICO, FL 33594</b>		<input checked="" type="checkbox"/> Delete		<b>Treasurer Tony Lutz 6416 Beaver Way Tampa FL 33625</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>Director Michael Herrera 4305 Deermont Circle Tampa FL 33624</b>		<input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>Director Aaron Medrick 3917 Bay to Bay Tampa FL 33629</b>		<input checked="" type="checkbox"/> Addition		TITLE 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.					
<b>SIGNATURE</b> <b>Tony Lutz</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4/7/08</b> <b>(813) 695-4973</b> <small>Date Daytime Phone #</small>	