

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005160

FILED
Apr 20, 2009
Secretary of State

Entity Name: HILLSBOROUGH COUNTY TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

1019 SWEET BREEZE DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

PO BOX 1857
VALRICO, FL 33595

New Mailing Address:

FEI Number: 26-0247478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELMUDEZ, SHARON A
1019 SWEET BREEZE DRIVE
VALRICO, FL 33594 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: SEC () Delete
Name: SANTO, JULIE
Address: 2606 FREELAND DRIVE
City-St-Zip: VALRICO, FL 33594

Title: P () Delete
Name: BELMUDEZ, SHARON
Address: 1019 SWEET BREEZE DR
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: SHEPHERD, GARY
Address: 3422 S BEACH DR
City-St-Zip: TAMPA, FL 33629

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: NIEVES, MAGGIE
Address: 8446 DUNHAM STATION DR
City-St-Zip: TAMPA, FL 33647

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

Title: T (X) Change () Addition
Name: LUTZ, TONY
Address: 6416 BEAVER WAY
City-St-Zip: TAMPA, FL 33625

Title: D () Change (X) Addition
Name: CACKOVIC, CRAIG
Address: 3624 W STERLING CIRCLE
City-St-Zip: TAMPA, FL 33629

Title: D () Change (X) Addition
Name: CASABLANCA, MARISOL
Address: 9307 HERITAGE OAK CT
City-St-Zip: TAMPA, FL 33647

Title: D () Change (X) Addition
Name: KAISER, CHERYL
Address: 10222 WOODFORD BRIDGE ST
City-St-Zip: TAMPA, FL 33626

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: TONY LUTZ

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date